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CAMFT is  
dedicated to the  
advancement and  
understanding of  
the profession of  
marriage and  
family therapy as  
both an art  
and a science, to  
maintaining high  
standards of  
professional  
ethics and  
qualifications,  
and to expanding  
the recognition  
and utilization of  
the profession.

California Association  
of Marriage and  
Family Therapists

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Template: EDO-001

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Corley, OEDO

July 12, 2010

U.S. Nuclear Regulatory Commission  
Attention: R.W. Borchardt,  
Executive Director for Operations  
Washington, D.C., 20555-0001

## Petition for Rulemaking

Dear Mr. Borchardt:

On March 9, 2010, the California Association of Marriage and Family Therapists ("CAMFT") submitted a Petition for Rulemaking requesting that 10 CFR §26.187(b) be amended to add marriage and family therapists (MFTs) to the list of credentialed professionals set forth in subsection (b). We believe MFTs should be included in such list because they are recognized by the Department of Health & Humans Services, along with psychiatry, psychology, clinical social work, and psychiatric nursing, as one of the five core mental health disciplines in the United States, and they are trained to assess and treat substance abuse issues. In a letter to CAMFT, dated May 27, 2010, you advised us that the NRC needs additional information to consider our proposed amendment. Consequently, this letter shall serve as our "supplemental correspondence" to you regarding the issues you identified.

1. The NRC requested information concerning CAMFT's interest in the requested action.

CAMFT's interest in the requested action is simply to pursue changes in law, whether statutory or regulatory, that increase professional opportunities for MFTs, and that treat the profession on par with the other mental health disciplines.

2. The NRC requested information regarding the requirements for becoming an MFT.

Licensing of MFTs in California is conducted by the California Board of Behavioral Sciences ("BBS"), which is an agency of the State of California.

To obtain licensure as an MFT, an applicant must earn a master's or doctor's degree in marriage, family and child counseling; marriage and family therapy; psychology; clinical psychology; counseling psychology; or, counseling with an emphasis in either marriage, family, and child counseling or marriage and family therapy. He/she must also complete 3,000 hours of supervised clinical experience, and pass two rigorous written examinations.

ERIDS: EDO-01

The requirements for becoming an MFT parallel those for becoming licensed psychologists and licensed clinical social workers. In fact, many MFTs pursue doctoral degrees in Psychology. Given the overlap of the education, training, and clinical experience of these disciplines, we believe that MFTs should be listed along with these other disciplines in 10 CFR §26.187(b).

We also believe that by virtue of their education, training, and clinical experience, MFTs are well-qualified to be SAEs. They are trained to understand and address substance abuse issues. In fact, some MFTs specialize in alcohol and drug treatment. Regarding such issues, MFTs are required by California law to receive "specific instruction in alcoholism and other chemical substance dependency" as part of their graduate school programs (Exhibit "A"; see California Business & Professions Code § 4980.36(d)(2)(I). This "specific instruction" includes the following:

- a) The definition of substance use disorders, co-occurring disorders, and addiction;
- b) The medical aspects of substance use disorders and co-occurring disorders;
- c) The effects of psychoactive drug use;
- d) Current theories of the etiology of substance abuse and addiction;
- e) The role of persons and systems that support or compound the abuse;
- f) Major treatment approaches to identification, evaluation, and treatment of substance use disorders, co-occurring disorders, and addiction, including, but not limited to, best practices;
- g) Legal aspects of substance abuse;
- h) Populations at risk with regard to substance use disorders and co-occurring disorders;
- i) Community resources offering screening, assessment, treatment, and follow-up for affected person and family;
- j) Recognition of substance use disorders, co-occurring disorders, and addiction, and appropriate referral; and,
- k) The prevention of substance use disorders and addiction.

Moreover, if an MFT did not get this "specific instruction" in his or her graduate program, the BBS requires the MFT to make up this coursework as part of his or her continuing education requirement (Exhibit "B"; see 16 CCR §1887.3(b)). Consequently, any licensed MFT in California has received "specific instruction" in substance abuse issues as part of their graduate program or as part of their mandated continuing education.

In fact, the instruction that MFTs receive in substance abuse issues is probably greater than the instruction received by many physicians in medical school. Why? The standard medical school curriculum does not contain mandated coursework in substance abuse issues; such coursework is usually an elective course, not a required one. In this respect, Yale Medical School's curriculum is representative (Exhibit "C"; see Yale School of Medicine Bulletin, pages 171 and 173).

Given the above, it is possible for a licensed physician to not have had any coursework in substance abuse issues in medical school; whereas, an MFT has to have such instruction to get or maintain one's license. It seems paradoxical that a licensed physician possesses the requisite credentials for becoming an SAE, although such physician may not have had any coursework

in substance abuse issues in medical school, but an MFT who had to have such coursework cannot meet such credentials. We believe this distinction does not reflect the reality of the crucial role MFTs play in the mental health milieu, and that MFTs should be listed in 10 CFR §26.187(b), along with licensed physicians.

Moreover, in California, MFTs receive the same amount of required instruction in substance abuse issues that psychologists receive (Exhibit "D"; see California Business & Professions Code §§ 29 and 2914(e) and 16 CCR § 1382.3). MFTs also receive the same amount of required instruction that licensed clinical social workers receive (Exhibit "E"; see California Business & Professions Code § 4996.2(e)). Yet, despite these similarities, licensed psychologists and licensed clinical social workers are included in the list of credentialed professionals set forth in 10 CFR §26.187(b), but MFTs are not.

We also believe that attaining a graduate degree in a core mental health discipline makes MFTs especially valuable candidates for the position of SAE. A graduate degree says a lot about an individual and it evidences a degree of clinical skill and training that distinguishes an MFT from certified employee assistance professionals and certified drug abuse counselors. Why? Because one does not even have to possess a bachelor's degree to be certified as a National Certified Addiction Counselor I, or a master's degree to be certified as a National Certified Addiction Counselor II (Exhibit "F"; see NAADAC Guide to Certification, pages 2 and 3). Furthermore, one does not have to possess a master's degree to be certified as an employee assistance professional (Exhibit "G"; Employee Assistance Professionals Association, "How to Become a CEAP").

Hence, although the educational and clinical components for becoming an MFT are much more rigorous than the components for becoming a certified drug abuse counselor or an employee assistance professional, both of these professions are listed in 10 CFR §26.187(b) and MFTs are not.

We would also direct your attention to page 12 of NAADAC's Guide to Certification, which lists the application requirements for becoming a Substance Abuse Professional ("SAP"). As indicated, a SAP evaluates workers who have violated the Department of Transportation's drug and alcohol regulations and then the SAP makes recommendations concerning education, treatment, follow-up treatment and aftercare, which is work similar to what the NRC requires for its SAEs. The list of credentials for this qualification as a SAP includes MFTs. We believe the SAP model is the appropriate model for the NRC to follow.

### 3. The NRC requested information "regarding MFTs on a national scale."

The licensing and regulation of MFTs is done by all fifty states; it is not done on a national scale. However, although licensing is conducted by individual states, the vast majority of states require candidates to pass the National MFT examination, which is administered by The Association of Marital and Family Therapy Regulatory Boards ("AMFTRB").

The National MFT examination tests prospective MFTs on their knowledge of substance abuse issues and treatment (Exhibit "H"; see AMFTRB Examination Materials). In terms of

substance abuse issues, AMFTRB tests prospective MFTs on their knowledge of how substance abuse and dependency affect the individual and the functioning of his or her family (Knowledge Statement 42); the effects of addictive behavior on the individual and the family system (Knowledge Statement 43); and, addiction treatment modalities (Knowledge Statement 44).

4. The NRC requested the source for "Industry Comment 2" and the NRC's response to that comment.

The "such as" language CAMFT referred to in our March 9, 2010 letter can be found on page 80 of a publication titled NUCLEUR REGULATORY COMMISSION, 10 CFR Part 26, RIN 3150-AF12, Fitness for Duty Programs.

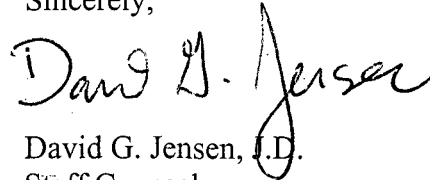
For the reasons set forth above, and in our letter dated March 9, 2010, CAMFT believes that MFTs should be included in the list of credentialed professionals set forth in 10 CFR §26.187(b). We realize the importance of the role SAEs play in safeguarding the United States and its citizens, and we believe those of our members who are qualified to be SAEs would be a credit to the NRC. Thank you for your consideration of our Petition for Rulemaking. Should you need any additional information, please do not hesitate to contact us directly.

Sincerely,



Mary Riemersma, M.B.A.  
Executive Director

Sincerely,



David G. Jensen, J.D.  
Staff Counsel

Westlaw

West's Ann.Cal.Bus. &amp; Prof.Code § 4980.36

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**C****Effective: January 1, 2010**

West's Annotated California Codes Currentness

Business and Professions Code (Refs &amp; Annos)

Division 2. Healing Arts (Refs &amp; Annos)

Chapter 13. Marriage and Family Therapists (Refs &amp; Annos)

Article 1. Regulation (Refs &amp; Annos)

**→ § 4980.36. Degree required by specified applicants; degree program requirements**

(a) This section shall apply to the following:

(1) Applicants for licensure or registration who begin graduate study before August 1, 2012, and do not complete that study on or before December 31, 2018.

(2) Applicants for licensure or registration who begin graduate study before August 1, 2012, and who graduate from a degree program that meets the requirements of this section.

(3) Applicants for licensure or registration who begin graduate study on or after August 1, 2012.

(b) To qualify for a license or registration, applicants shall possess a doctor's or master's degree meeting the requirements of this section in marriage, family, and child counseling, marriage and family therapy, psychology, clinical psychology, counseling psychology, or counseling with an emphasis in either marriage, family, and child counseling or marriage and family therapy, obtained from a school, college, or university approved by the Bureau for Private Postsecondary and Vocational Education or accredited by either the Commission on the Accreditation of Marriage and Family Therapy Education or a regional accrediting agency recognized by the United States Department of Education. The board has the authority to make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements, regardless of accreditation or approval.

(c) A doctor's or master's degree program that qualifies for licensure or registration shall do the following:

(1) Integrate all of the following throughout its curriculum:

(A) Marriage and family therapy principles.

(B) The principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments, among others.

(C) An understanding of various cultures and the social and psychological implications of socioeconomic position, and an understanding of how poverty and social stress impact an individual's mental health and recovery.

(2) Allow for innovation and individuality in the education of marriage and family therapists.

(3) Encourage students to develop the personal qualities that are intimately related to effective practice, including, but not limited to, integrity, sensitivity, flexibility, insight, compassion, and personal presence.

(4) Permit an emphasis or specialization that may address any one or more of the unique and complex array of human problems, symptoms, and needs of Californians served by marriage and family therapists.

(5) Provide students with the opportunity to meet with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.

(d) The degree described in subdivision (b) shall contain no less than 60 semester or 90 quarter units of instruction that includes, but is not limited to, the following requirements:

(1) Both of the following:

(A) No less than 12 semester or 18 quarter units of coursework in theories, principles, and methods of a variety of psychotherapeutic orientations directly related to marriage and family therapy and marital and family systems approaches to treatment and how these theories can be applied therapeutically with individuals, couples, families, adults, including elder adults, children, adolescents, and groups to improve, restore, or maintain healthy relationships.

(B) Practicum that involves direct client contact, as follows:

(i) A minimum of six semester or nine quarter units of practicum in a supervised clinical placement that provides supervised fieldwork experience.

(ii) A minimum of 225 hours of face-to-face experience counseling individuals, couples, families, or groups. Up to 75 of those hours may be gained performing client centered advocacy, as defined in Section 4980.03.

(iii) A student must be enrolled in a practicum course while counseling clients.

(iv) The practicum shall provide training in all of the following areas:

(I) Applied use of theory and psychotherapeutic techniques.

(II) Assessment, diagnosis, and prognosis.

(III) Treatment of individuals and premarital, couple, family, and child relationships, including trauma and abuse, dysfunctions, healthy functioning, health promotion, illness prevention, and working with families.

(IV) Professional writing, including documentation of services, treatment plans, and progress notes.

(V) How to connect people with resources that deliver the quality of services and support needed in the community.

(v) Educational institutions are encouraged to design the practicum required by this subparagraph to include marriage and family therapy experience in low-income and multicultural mental health settings.

(2) Instruction in all of the following:

(A) Diagnosis, assessment, prognosis, and treatment of mental disorders, including severe mental disorders, evidence-based practices, psychological testing, psychopharmacology, and promising mental health practices that are evaluated in peer reviewed literature.

(B) Developmental issues from infancy to old age, including instruction in all of the following areas:

(i) The effects of developmental issues on individuals, couples, and family relationships.

(ii) The psychological, psychotherapeutic, and health implications of developmental issues and their effects.

(iii) Aging and its biological, social, cognitive, and psychological aspects.

(iv) A variety of cultural understandings of human development.

(v) The understanding of human behavior within the social context of socioeconomic status and other contextual issues affecting social position.

(vi) The understanding of human behavior within the social context of a representative variety of the cultures

found within California.

(vii) The understanding of the impact that personal and social insecurity, social stress, low educational levels, inadequate housing, and malnutrition have on human development.

(C) The broad range of matters and life events that may arise within marriage and family relationships and within a variety of California cultures, including instruction in all of the following:

(i) Child and adult abuse assessment and reporting.

(ii) Spousal or partner abuse assessment, detection, intervention strategies, and same-gender abuse dynamics.

(iii) Cultural factors relevant to abuse of partners and family members.

(iv) Childbirth, child rearing, parenting, and stepparenting.

(v) Marriage, divorce, and blended families.

(vi) Long-term care.

(vii) End of life and grief.

(viii) Poverty and deprivation.

(ix) Financial and social stress.

(x) Effects of trauma.

(xi) The psychological, psychotherapeutic, community, and health implications of the matters and life events described in clauses (i) to (x), inclusive.

(D) Cultural competency and sensitivity, including a familiarity with the racial, cultural, linguistic, and ethnic backgrounds of persons living in California.

(E) Multicultural development and cross-cultural interaction, including experiences of race, ethnicity, class, spirituality, sexual orientation, gender, and disability, and their incorporation into the psychotherapeutic process.



(F) The effects of socioeconomic status on treatment and available resources.

(G) Resilience, including the personal and community qualities that enable persons to cope with adversity, trauma, tragedy, threats, or other stresses.

(H) Human sexuality, including the study of physiological, psychological, and social cultural variables associated with sexual behavior and gender identity, and the assessment and treatment of psychosexual dysfunction.

(I) Substance use disorders, co-occurring disorders, and addiction, including, but not limited to, instruction in all of the following:

(i) The definition of substance use disorders, co-occurring disorders, and addiction. For purposes of this subparagraph, "co-occurring disorders" means a mental illness and substance abuse diagnosis occurring simultaneously in an individual.

(ii) Medical aspects of substance use disorders and co-occurring disorders.

(iii) The effects of psychoactive drug use.

(iv) Current theories of the etiology of substance abuse and addiction.

(v) The role of persons and systems that support or compound substance abuse and addiction.

(vi) Major approaches to identification, evaluation, and treatment of substance use disorders, co-occurring disorders, and addiction, including, but not limited to, best practices.

(vii) Legal aspects of substance abuse.

(viii) Populations at risk with regard to substance use disorders and co-occurring disorders.

(ix) Community resources offering screening, assessment, treatment, and followup for the affected person and family.

(x) Recognition of substance use disorders, co-occurring disorders, and addiction, and appropriate referral.

(xi) The prevention of substance use disorders and addiction.

(J) California law and professional ethics for marriage and family therapists, including instruction in all of the following areas of study:

(i) Contemporary professional ethics and statutory, regulatory, and decisional laws that delineate the scope of practice of marriage and family therapy.

(ii) The therapeutic, clinical, and practical considerations involved in the legal and ethical practice of marriage and family therapy, including, but not limited to, family law.

(iii) The current legal patterns and trends in the mental health professions.

(iv) The psychotherapist-patient privilege, confidentiality, the patient dangerous to self or others, and the treatment of minors with and without parental consent.

(v) A recognition and exploration of the relationship between a practitioner's sense of self and human values and his or her professional behavior and ethics.

(vi) Differences in legal and ethical standards for different types of work settings.

(vii) Licensing law and licensing process.

(e) The degree described in subdivision (b) shall, in addition to meeting the requirements of subdivision (d), include instruction in case management, systems of care for the severely mentally ill, public and private services and supports available for the severely mentally ill, community resources for persons with mental illness and for victims of abuse, disaster and trauma response, advocacy for the severely mentally ill, and collaborative treatment. This instruction may be provided either in credit level coursework or through extension programs offered by the degree-granting institution.

(f) The changes made to law by this section are intended to improve the educational qualifications for licensure in order to better prepare future licentiates for practice, and are not intended to expand or restrict the scope of practice for marriage and family therapists.

#### CREDIT(S)

(Added by Stats.2009, c. 26 (S.B.33), § 5.)

#### CROSS REFERENCES

Health facilities, licenses and permits, requirements for issuance, see Health and Safety Code § 1277.

Practice of marriage and family therapy, application of principles and methods, see Business and Professions Code § 4980.02.

"Psychotherapist" defined, see Evidence Code § 1010.

West's Ann. Cal. Bus. & Prof. Code § 4980.36, CA BUS & PROF § 4980.36

Current with all 2009 Reg.Sess. laws; all 2009-2010 1st through 5th, 7th, and 8th Ex.Sess. laws; urgency legislation through Ch. 30 of the 2010 Reg.Sess.; and propositions on the 6/8/2010 ballot.

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Westlaw

16 CCR § 1887.3

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Cal. Admin. Code tit. 16, § 1887.3

**C**

Barclays Official California Code of Regulations Currentness

Title 16. Professional and Vocational Regulations

Division 18. Board of Behavioral Sciences

Article 8. Continuing Education Requirements for Marriage and Family Therapist and Licensed Clinical Social Workers (Refs &amp; Annos)

→ § 1887.3. Continuing Education Course Requirements.

(a) A licensee shall accrue at least thirty-six (36) hours of continuing education courses as defined in Section 1887.4. A licensee may accrue no more than eighteen (18) hours of continuing education earned through self-study courses during a single renewal period.

(b) Pursuant to Section 29 of the Code, a licensee who started graduate study prior to January 1, 1986, shall take a continuing education course in the detection and treatment of alcohol and other chemical substance dependency during their first renewal period after the adoption of these regulations. The course shall be at least seven (7) hours in length and its content shall comply with the requirements of Section 29 of the Code. This is a one-time requirement for those licensees specified above.

Equivalent alcohol and other chemical substance dependency courses taken prior to the adoption of these regulations, or proof of equivalent teaching or practice experience, may be submitted to the board upon request in lieu of this requirement; however, this coursework or experience shall not be credited as hours toward the continuing education requirements.

(c) Pursuant to Section 32 of the Code, a licensee shall take a continuing education course in the characteristics and methods of assessment and treatment of people living with human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) during their first renewal period after the adoption of these regulations. The course shall be at least seven (7) hours in length and its content shall comply with the requirements of Section 32 of the Code. This is a one-time requirement for all licensees.

Equivalent HIV and AIDS courses taken prior to the adoption of these regulations, or proof of equivalent teaching or practice experience, may be submitted to the board upon request in lieu of this requirement; however, this coursework or experience shall not be credited as hours toward the continuing education requirements.

(d) Any person renewing his or her license on and after January 1, 2004 shall have completed not less than six (6) hours of continuing education in the subject of law and ethics for each renewal period. The six (6) hours shall be considered part of the thirty-six (36) hour continuing education requirement.

(e) If a licensee teaches a course, the licensee may claim credit for the course only one time during a single re-

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newal period, receiving the same amount of hours of continuing education credit as a licensee who attended the course.

(f) A licensee may not claim the same course more than once during a single renewal period for hours of continuing education credit.

(g) A licensee who takes a course as a condition of probation resulting from disciplinary action by the board may not apply the course as credit towards the continuing education requirement.

Note: Authority cited: Sections 4980.60 and 4990.20(a), Business and Professions Code. Reference: Sections 29, 32, 4980.54 and 4996.22, Business and Professions Code.

#### HISTORY

1. New section filed 5-19-97; operative 5-19-97 pursuant to Government Code section 11343.4(d) (Register 97, No. 21).
2. New subsection (d) and subsection relettering filed 12-4-2001; operative 1-1-2002 pursuant to Government Code section 11343.4 (Register 2001, No. 49).
3. Amendment of subsection (a) and amendment of Note filed 2-19-2008; operative 3-20-2008 (Register 2008, No. 8).

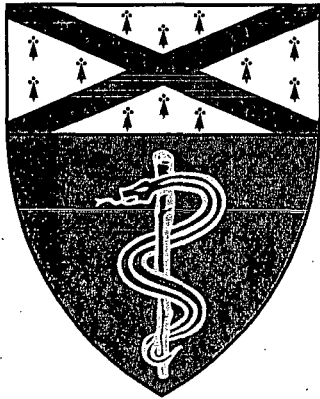
16 CCR § 1887.3, 16 CA ADC § 1887.3

This database is current through 6/11/10 Register 2010, No. 24

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# School of Medicine

## 2009–2010



BULLETIN OF YALE UNIVERSITY

*Series 105 Number 3 July 15, 2009*

## PSYCHIATRY

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**Assistant Clinical Professors** A. C. Adis, A. M. Almai, J. A. Amatruda, P. T. Amble, M. M. Amer, B. Arnaout, S. R. Atkins, J. P. Azcona, R. Aziz, C. B. Baker, J. Ballew, A. L. Balter, L. C. Barr, M. V. Barrios, L. A. Bayer, B. R. Becker, E. Becker-Dunn, R. S. Behrends, M. Beitel, C. D. Bellamy, C. C. Bemis, S. Bender, D. E. Bendor, E. H. Berger, R. L. Bergeron, T. Bergherr, S. Bers, H. C. Blue, D. Boltas, K. F. Bonese, M. F. Bower, D. M. Brandt, D. Brockett, T. E. Brown, A. Buonopane, L. V. Calabrese, A. Cappiello, R. Casey, L. I. Chaikovsky, J. Charney, J. R. Check, A. S. Cheng, D. E. Ciancimino, J. C. Cline, S. J. Cohen, J. T. Collins (*Child Study Center*), M. L. Conroy, L. W. Cross, E. Cumberbatch, W. F. Dailey, C. Dike, C. Doebrick, N. Donegan (*Psychology*), V. M. Dreisbach, L. K. Driscoll, J. J. Erdos, R. D. Fallot, M. S. Farkas, D. C. Fehon, S. Feuerstein, J. F. Fickes, P. L. Filip, S. Finkelstein, D. A. Fisk, F. G. Fortunati, P. A. Fountain, P. Fox, E. R. Frazer, T. A. Freeman, R. Freeman, D. Fried, T. George, T. Glinberg, C. T. Goldberg, L. I. Goldstein, G. Gonzalez-Haddad, D. M. Gordon, T. C. Greig, M. C. Groner, E. G. Grottole, C. S. Grove, L. B. Grunebaum, H. Gunduz-Bruce, J. C. Harland, D. D. Hawkins, D. M. Higgins, S. R. Hill, W. Hill, M. Hillbrand, K. Holtzman, S. J. Houlding, D. D. Jacobson, C. Jean, A. Kaner, M. Kang, K. G.



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**Lecturers** J. D. Alvaro, C. Atkins, C. M. Barber, F. Begum, R. M. Berman, D. A. Berv, A. Brownlow, J. L. Callahan, R. A. Cole, C. Conrad, H. F. Crabbe, G. H. Davis, A. R. Demac, C. E. Desmond, P. J. Dileo, P. A. Dillon, L. K. Frisman, L. R. Gonzalez, S. G. Goodson, J. B. Gordon, G. Greenberg, F. Grossman, M. A. Kalaczniak, A. Kalafa, R. H. Klein, B. C. Klein, J. Klugman, A. L. Labruzzo, L. Lager, R. B. Lenoci, L. M. Lothstein, L. M. Madden, R. B. Makover, K. Marcus, A. Margolin, J. H. Meyer, M. L. Mitchell, D. C. Moore, I. Moses, R. L. Munich, C. S. Naungayan, M. Nicholas, A. Oberkirch, M. J. Orlosky, R. T. Phillips, J. M. Pisciotto, M. K. Pruett, M. D. Rego, W. N. Reich, E. B. Rubin, S. L. Satel, M. N. Savage, J. M. Schnitt, A. J. Sholomskas, G. H. Sirkin, P. F. Thomas, R. K. Westheimer

The Department of Psychiatry teaches in both preclinical and clinical years. The pre-clinical course is a study of medical behavioral science, rather than an introduction to clinical psychiatry. Specific clinical skills, such as interviewing and the recognition and management of psychiatric syndromes, are taught later in the curriculum and especially

during the required clinical clerkship in Psychiatry. Electives are available for students with special interest in selected areas. All advanced clinical electives are numbered in the 200s. The required core clinical clerkship (Psychiatry 106) is a prerequisite for enrollment in any of these advanced clinical electives; an advanced clinical elective may not be taken instead of the required core clinical clerkship. Please note: All students signing up for a seminar elective must also register with the Medical Student Education Office, Department of Psychiatry, 785.2089 (pending approval of the instructor).

**Psychiatry 101a, Patient-Centered Interviewing: The Patient's Story** This segment of the Pre-Clinical Clerkship focuses on the experience of illness – how people react to and cope with illness. The various psychosocial factors and psychological defenses which impact on the experience of illness, such as age, gender, social supports, socioeconomic status, and coping style, are examined. There is an emphasis on the patient interview and techniques for eliciting the patient's story in an empathic and effective manner. The format includes lectures, demonstration interviews, and practice with standardized patients. R. Belitsky and Departments of Psychiatry and Medicine faculty

**Psychiatry 101b, Biological Basis of Behavior** Lectures are integrated with the Neurology course, and include principles and neural mechanisms of learning and memory; neural systems involved in fear and anxiety; neural systems involved in reward and drug addiction; neural systems involved in stress; and neural systems involved in attention. Following each lecture, a psychiatrist interviews patients diagnosed with obsessive-compulsive disorder, panic disorder, cocaine abuse, post-traumatic stress disorder, and schizophrenia. These 1.5-hour clinical presentations, which include time for questions, link psychiatric symptoms to the neural mechanisms discussed in the lecture on that day. 2.5 hours per week. Department of Psychiatry faculty

**Psychiatry 106, Clinical Clerkship** Skills and knowledge needed for the general practice of medicine are acquired in a clinical psychiatric setting. There is a "Patients in Crisis" component that emphasizes: conducting a competent screening interview in order to identify symptoms of a psychiatric or substance abuse disorder; performing a complete mental status examination of a patient who is emotionally disturbed or mentally ill; making a differential diagnosis, and planning for further evaluation and tests that would be useful in deciding among various diagnostic possibilities; making recommendations for biological, psychosocial, and/or social treatment interventions; assessing whether or not dangers to or from a patient exist; and understanding indications and procedures for lawful involuntary commitment of a patient to a mental hospital for treatment. There is also a "Psychiatry at the Interface with Medicine" component designed to provide students with an understanding of the presentation of psychiatric illness in patients with co-morbid medical disorders. Emphasis is placed on screening interviews, including mental status examination; identification of symptoms; and differential diagnosis and initial treatment recommendations of patients with co-morbid medical and psychiatric illness. Special emphasis is placed on evaluation of psychiatric emergencies and competency to make informed medical decisions. Additionally, students have the opportunity to learn and develop clinical skills through carefully designed outpatient experiences. R. Rohrbaugh and Department of Psychiatry faculty

**Psychiatry 203, Subinternship in Hospital Psychiatry, Inpatient Division, Connecticut Mental Health Center** Intensive work with inpatients who suffer from major psychiatric disorders with or without substance abuse. Emphasis is on assessment, acute treatment, and arrangement of continuing care in the community. The clerk functions as an integral member of a multidisciplinary treatment team. Clinical research participation is encouraged. Opportunities available to explore special areas of interest (e.g., forensics, psychopharmacology, administrative) with Connecticut Mental Health Center faculty. The elective is given on the inpatient service, CMHC. Scheduled throughout the year during regular clerkship rotations for a minimum of four weeks. Prerequisite: Psychiatry 106. Maximum registration: two students. S. Jacobs, M. Jean-Baptiste, and staff. To enroll in this subinternship, please contact R. Rohrbaugh

**Psychiatry 205, Subinternship in Medical Psychiatry (Consultation Psychiatry), Yale-New Haven Hospital, 2039 Clinic Building** This is an advanced clinical elective for third- and fourth-year students who have a particular interest in the psychiatric disorders that can occur in medical-surgical patients. The staff has special interests in differential diagnosis of medical vs. psychiatric illness, in psychopharmacology, and in computer applications in psychiatry. Each student works up patients in parallel with advanced residents in inpatient and emergency department settings. Teaching occurs on daily walk rounds. Scheduled throughout the year during regular clerkship rotations (except July and August) for a minimum of four weeks. (*Note:* Fourth-year students will be given preference.) Prerequisite: Psychiatry 106. Maximum registration: one student per rotation. P. Desan, T. Stewart, W. H. Sledge, A. Papsun, and staff. To enroll in this subinternship, please contact R. Rohrbaugh

**Psychiatry 206, Advanced Clinical Elective in Law and Psychiatry** This clerkship program affords opportunities for fourth-year medical students to observe and participate in "competency to stand trial" evaluations with a clinical team that makes these assessments at the New Haven Correctional Center. In addition, they may attend Law School classes with students who represent psychiatric patients, observe civil commitment procedures, attend probate court hearings, as well as the criminal proceedings in local New Haven Superior Courts. Students attend work seminars where case evaluations and write-ups are discussed and prepared, and read appropriate legal cases and psychiatric literature. Students may be able to participate in parts of evaluations of insanity defense, custody determination, and other forensic issues. They attend the Law and Psychiatry Seminar during their rotation. Scheduled throughout the year (except August) during regular clerkship rotations for a minimum of four weeks. Prerequisite: Psychiatry 106. Maximum registration: two students. H. Zonana and staff. To enroll in this advanced clinical elective, please contact R. Rohrbaugh

**Psychiatry 208, Subinternship in Consultation-Liaison Psychiatry at the VA Connecticut Healthcare System (VACHS), West Haven, Connecticut** The Consultation-Liaison Service at the VACHS West Haven provides consultation to acute medical and surgical units, specialized rehabilitation units, and outpatient primary care clinics. Students participate in the management of patients with close supervision from attending staff. The goals of the rotation are (1) to increase skill in conducting a psychiatric interview which

maximizes the collection of pertinent clinical data; (2) to use the data collected in formulating and implementing treatment plans emphasizing the interplay of biological and psychological factors in the patients' presentation; (3) to experience the satisfaction of caring for patients with complex medical and psychiatric illness. Scheduled throughout the year for a minimum of four weeks. Open to third- and fourth-year medical students. Prerequisite: Psychiatry 106. Maximum registration: one student per rotation. C. Chiles and staff. To enroll in this subinternship, please contact R. Rohrbaugh

**Psychiatry 209, Substance Abuse Elective** An elective clinical training experience in substance abuse for interested third- and fourth-year students. The primary training site is the Outpatient Service at the VA Connecticut Healthcare System (VACHS) in West Haven. The substance abuse elective is scheduled for four weeks. This experience is an intensive one in which students work closely with addicted patients with chronic mental illness. Students interested in learning about medical detoxification from alcohol and/or opiates may participate in an intensive two-week elective in the Ambulatory School of Medicine Detoxification Clinic at the VACHS. Students learn about the evaluation and treatment of alcohol withdrawal and detoxification. Patients with benzodiazepine and opiate dependence are also treated in this clinic. Prerequisite: Psychiatry 106. Maximum registration: two students. VACHS Faculty: L. Trevisan, I. Petrakis. Contact person (for VACHS): I. Petrakis, Psychiatry. To enroll in this advanced clinical elective, please contact R. Rohrbaugh

**Psychiatry 210, Subinternship in Hospital Psychiatry, Inpatient Division, Yale-New Haven Psychiatric Hospital** Intensive work with patients who suffer from major psychiatric disorders and range in age from college students to middle age. Emphasis is on assessment, acute treatment, and arrangement of post-discharge follow-up care in the community. The subintern is an advanced clerk functioning as a member of the multidisciplinary treatment team, taking on primary clinician and psychiatric/medical responsibilities for patients under the supervision of senior clinicians. The elective is given on the inpatient service at Y-NHPH; clinical research and outpatient involvement may be options. This subinternship is available throughout the year, during regular clerkship rotations for a minimum of four weeks. Prerequisite: Psychiatry 106. Maximum registration: one student per rotation. R. M. Milstein, M. Bowers, R. Hoffman, R. Tampi, and staff. To enroll in this subinternship, please contact R. Rohrbaugh

**Psychiatry 211, Subinternship in Clinical Neuroscience, Clinical Neuroscience Research Unit Inpatient Division** This clerkship offers senior medical students the opportunity to work closely with a variety of patients who are hospitalized during their participation and treatment in research protocols. The Clinical Neuroscience Research Unit (CNRU) is a thirteen-bed inpatient ward with associated outpatient clinics and basic science laboratories on the third floor of the Connecticut Mental Health Center (CMHC). Supervised implementation of novel psychopharmacology, exposure to multiple aspects of clinical and basic science research, and in-depth experience with individual and group psychotherapies are educational aspects of this elective. Patients' diagnostic categories include depression, obsessive-compulsive disorder, schizophrenia, cocaine abuse, and substance abuse. Scheduled throughout the year for a minimum of four weeks. Prerequisites:

Psychiatry 101 and 106. Maximum registration: one student per rotation. R. Malison, G. Heninger, V. Coric, Z. Bhagwagar, and staff. To enroll in this subinternship, please contact R. Rohrbaugh

**Psychiatry 214, Subinternship in Psychotic Disorders at G8W and the Schizophrenia Research Clinic at the VA Connecticut Healthcare System (VACHS) in West Haven, the Clinical Neuroscience Research Unit and the Psychopharmacology Intervention Program at the Connecticut Mental Health Center, the Community Care Center in West Haven** This subinternship is designed to provide an integrative exposure to the interface of psychopharmacology and psychosocial treatments for chronic psychotic disorders. Each individual requesting a subinternship is asked to outline his or her interest in psychotic disorders. Based on this information, a faculty mentor is assigned and a clinical program prepared that provides greater depth in the relevant areas. An effort is made to provide exposure to both hospital- and community-based treatments as well as clinical neuroscience advances. Within all treatment settings, subinterns have closely supervised direct clinical contact with patients. Subinterns are invited to attend academic conferences within the Department of Psychiatry focused on clinical and neuroscience issues relevant to psychosis. The goals of the rotation are (1) to expose the subintern to established and experimental medication treatments for psychotic disorders, particularly schizophrenia; (2) to expose the subintern to rehabilitative approaches to schizophrenia; (3) to expose the subintern to community-based treatments for chronic mental illness. Scheduled throughout the year for a period of six to eight weeks. Prerequisite: Psychiatry 106. Maximum registration: one student per rotation. C. D'Souza, M. Bell, J. Cubells, L. Davidson, L. Harkness, S. Kruger, J. Krystal, and staff. To enroll in this subinternship, please contact R. Rohrbaugh

**Psychiatry 238, Subinternship in Early Psychosis: STEP Clinic** STEP (Specialized Treatment Early in Psychosis) is a multidisciplinary team-based treatment for individuals presenting early in the course of a psychotic illness. This clinic offers unique opportunities in the assessment and treatment of a population that is difficult to access in other clinical settings. Trainees have the opportunity to observe structured research assessments and interpretation of these scales in light of careful clinical follow-up. Given the diagnostic and prognostic heterogeneity of illnesses presenting with psychosis, this experience provides the opportunity to develop clinical expertise in diagnosis and management of a range of mental health issues. The enriched treatment includes cognitive-behavioral group therapy, family psycho-education groups, and cognitive remediation in addition to vocational support with a focus on rapidly reintegrating patients back to age-appropriate social, educational, and employment goals. Students have the opportunity to observe or participate in any of these treatments. The multidisciplinary and pluralistic nature of the intervention presents a rich opportunity to participate in collaborative care with other mental health disciplines. Trainees can also participate in regular seminars sponsored by the STEP and PRIME (Prevention through Risk Identification, Management, and Education) clinics. The latter is a research clinic focused on prodromal psychosis. Positions: 1-2. Site: Connecticut Mental Health Center (CMHC).

**Scholarship:** STEP is designed as a service delivery model with a built-in observational cohort and experimental pragmatic randomized controlled trial. Trainees are

invited to take an active role in the various domains of scholarship including community and clinician education efforts, publication, and learning about clinical research design. V. Srihari (*clinic director*), J. Pollard (*project director and family interventions coordinator, STEP clinic*), C. Tek, (*program director, Psychosis Team*), L. Hyman (*team leader, Psychosis Team*), S. Woods (*director, PRIME Clinic*), J. Saksa (*CBT coordinator, STEP Clinic*), B. Walsh (*clinical coordinator, PRIME Clinic*). To enroll in this subinternship, please contact R. Rohrbaugh

**Psychiatry 325/CHLD 325, Child Psychiatry Elective, Yale Child Study Center** The aim of this elective is to provide the student with an intensive experience in infant, child, and adolescent psychiatry. The curriculum includes assessments of normal development and psychopathology in childhood, treatment methods, and research in major disorders of childhood. The elective takes advantage of the wide range of ongoing seminars, conferences, and clinical services in place at the Child Study Center. Teaching methods include seminars, conferences, field observations, ward rounds, and School of Medicine practica selected by the student following consultation with the director of medical studies, Child Study Center. Open to fourth-year students throughout the year. A. Martin, D. Stubbe, J. Woolston, and staff. To enroll in this advanced clinical elective, please contact A. Martin directly at 688.6016 or 785.3370

Westlaw.

West's Ann.Cal.Bus. &amp; Prof.Code § 29

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**C****Effective: January 1, 2005**

West's Annotated California Codes Currentness  
 Business and Professions Code (Refs & Annos)

☐ General Provisions (Refs & Annos)

→ **§ 29. Chemical dependency and early intervention training; continuing education requirements**

(a) The Board of Psychology and the Board of Behavioral Sciences shall consider adoption of continuing education requirements including training in the area of recognizing chemical dependency and early intervention for all persons applying for renewal of a license as a psychologist, clinical social worker, or marriage and family therapist.

(b) Prior to the adoption of any regulations imposing continuing education relating to alcohol and other chemical dependency, the board and committee are urged to consider coursework to include, but not necessarily be limited to, the following topics:

- (1) Historical and contemporary perspectives on alcohol and other drug abuse.
- (2) Extent of the alcohol and drug abuse epidemic and its effects on the individual, family, and community.
- (3) Recognizing the symptoms of alcoholism and drug addiction.
- (4) Making appropriate interpretations, interventions, and referrals.
- (5) Recognizing and intervening with affected family members.
- (6) Learning about current programs of recovery, such as 12 step programs, and how therapists can effectively utilize these programs.

CREDIT(S)

(Added by Stats.1990, c. 1005 (A.B.3314), § 2. Amended by Stats.2002, c. 1013 (S.B.2026), § 3; Stats.2004, c. 193 (S.B.111), § 1.)

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## LAW REVISION COMMISSION COMMENTS

## 2004 Amendment

Section 29 is amended to delete reference to an obsolete reporting requirement. The required report was to be completed by June 30, 1991. [33 Cal.L.Rev.Comm. Reports 283 (2004)].

## HISTORICAL AND STATUTORY NOTES

## 2003 Main Volume

Section 1 of Stats.1990, c. 1005 (A.B.3314) provides:

“The Legislature finds and declares all of the following:

“(a) The epidemic of alcohol and other drug abuse among Californians constitutes a public health emergency, costing \$17 billion a year.

“(b) Alcoholism and other drug dependencies are a factor in a significant proportion and range of cases seen by psychotherapists.

“(c) Forty percent of all family court problems involve alcoholism.

“(d) The separation and divorce rate among substance abusers and their spouses is seven times greater than for the general population.

“(e) Sixty percent of substance abusing families in treatment have experienced domestic violence.

“(f) Substance abuse is involved in over 50 percent of spousal abuse.

“(g) One out of every eight Americans are children of problem drinkers; nearly one-quarter are children under age 18.

“(h) Over 50 percent of known incest victims live in homes where alcohol abuse was a major problem; 26 percent of children living in alcoholic homes have been incest victims.

“(i) Parental substance abuse is associated with learning problems, hyperactivity, social aggression, increased anxiety, and low self-esteem in young children and eating disorders, truancy, delinquency, and substance abuse in adolescents.



“(j) Alcohol is a factor in 20 to 37 percent of completed suicides; individuals attempting suicide are 4 to 6 times more likely than the general population to report being problem drinkers or alcoholics.

“(k) Thirty-one to 70 percent of those arrested for violent crimes (homicide, physical or sexual assault) had been drinking when the crime was committed. Forty-five to 64 percent of homicide and physical assault victims had also consumed alcohol.

“(l) The purpose of this act is to ensure that professionals of the healing arts are provided with adequate and appropriate training regarding the recognition of chemical dependency and the proper steps for early intervention.”

2010 Electronic Update

2004 Legislation

Section 254 of Stats.2004, c. 193 (S.B.111), provides:

“SEC. 254. Any section of any act enacted by the Legislature during the 2004 calendar year that takes effect on or before January 1, 2005, and that amends, amends and renumbers, adds, repeals and adds, or repeals a section that is amended, amended and renumbered, added, repealed and added, or repealed by this act, shall prevail over this act, whether that act is enacted prior to, or subsequent to, the enactment of this act. The repeal, or repeal and addition, of any article, chapter, part, title, or division of any code by this act shall not become operative if any section of any other act that is enacted by the Legislature during the 2004 calendar year and takes effect on or before January 1, 2005, amends, amends and renumbers, adds, repeals and adds, or repeals any section contained in that article, chapter, part, title, or division.”

Section affected by two or more acts at the same session of the legislature, see Government Code § 9605.

## CROSS REFERENCES

“Board” defined for purposes of this Code, see Business and Professions Code § 22.  
 Marriage, family and child counselors, chemical dependency, see Business and Professions Code § 4982.1.  
 Nursing, diversion program, see Business and Professions Code § 2770.2.  
 Peer review investigations, duties of body, chemical dependency support, see Business and Professions Code § 821.5.  
 Prescription or administration of controlled substances, see Business and Professions Code § 2241.5.  
 Psychologists, chemical dependency, see Business and Professions Code § 2960.5.  
 Respiratory therapy, chemical dependency, see Business and Professions Code § 3757.  
 Social workers, chemical dependency, see Business and Professions Code § 4992.35.

## CODE OF REGULATIONS REFERENCES

Board of Psychology, continuing education, definitions, see 16 Cal. Code of Regs. § 1397.60.

Continuing education requirements, see 16 Cal. Code of Regs. § 1397.61.

#### RESEARCH REFERENCES

##### Treatises and Practice Aids

1 Witkin Cal. Crim. L. 3d Defenses § 25, Limitations on Evidence.

West's Ann. Cal. Bus. & Prof. Code § 29, CA BUS & PROF § 29

Current with all 2009 Reg.Sess. laws; all 2009-2010 1st through 5th, 7th, and 8th Ex.Sess. laws; urgency legislation through Ch. 30 of the 2010 Reg.Sess.; and propositions on the 6/8/2010 ballot.

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**C****Effective: January 1, 2006**

West's Annotated California Codes Currentness  
 Business and Professions Code (Refs & Annos)  
 Division 2. Healing Arts (Refs & Annos)  
     Chapter 6.6. Psychologists (Refs & Annos)  
     Article 1. General Provisions (Refs & Annos)  
         → § 2914. Qualification of applicants for licensure

Each applicant for licensure shall comply with all of the following requirements:

(a) Is not subject to denial of licensure under Division 1.5.

(b) Possess an earned doctorate degree (1) in psychology, (2) in educational psychology, or (3) in education with the field of specialization in counseling psychology or educational psychology. Except as provided in subdivision (g), this degree or training shall be obtained from an accredited university, college, or professional school. The board shall make the final determination as to whether a degree meets the requirements of this section.

No educational institution shall be denied recognition as an accredited academic institution solely because its program is not accredited by any professional organization of psychologists, and nothing in this chapter or in the administration of this chapter shall require the registration with the board by educational institutions of their departments of psychology or their doctoral programs in psychology.

An applicant for licensure trained in an educational institution outside the United States or Canada shall demonstrate to the satisfaction of the board that he or she possesses a doctorate degree in psychology that is equivalent to a degree earned from a regionally accredited university in the United States or Canada. These applicants shall provide the board with a comprehensive evaluation of the degree performed by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES), and any other documentation the board deems necessary.

(c) Have engaged for at least two years in supervised professional experience under the direction of a licensed psychologist, the specific requirements of which shall be defined by the board in its regulations, or under suitable alternative supervision as determined by the board in regulations duly adopted under this chapter, at least one year of which shall be after being awarded the doctorate in psychology. If the supervising licensed psychologist fails to provide verification to the board of the experience required by this subdivision within 30 days after being so requested by the applicant, the applicant may provide written verification directly to the board.

If the applicant sends verification directly to the board, the applicant shall file with the board a declaration of proof of service, under penalty of perjury, of the request for verification. A copy of the completed verification forms shall be provided to the supervising psychologist and the applicant shall prove to the board that a copy has been sent to the supervising psychologist by filing a declaration of proof of service under penalty of perjury, and shall file this declaration with the board when the verification forms are submitted.

Upon receipt by the board of the applicant's verification and declarations, a rebuttable presumption affecting the burden of producing evidence is created that the supervised, professional experience requirements of this subdivision have been satisfied. The supervising psychologist shall have 20 days from the day the board receives the verification and declaration to file a rebuttal with the board.

The authority provided by this subdivision for an applicant to file written verification directly shall apply only to an applicant who has acquired the experience required by this subdivision in the United States.

The board shall establish qualifications by regulation for supervising psychologists and shall review and approve applicants for this position on a case-by-case basis.

(d) Take and pass the examination required by Section 2941 unless otherwise exempted by the board under this chapter.

(e) Show by evidence satisfactory to the board that he or she has completed training in the detection and treatment of alcohol and other chemical substance dependency. This requirement applies only to applicants who matriculate on or after September 1, 1985.

(f)(1) Show by evidence satisfactory to the board that he or she has completed coursework in spousal or partner abuse assessment, detection, and intervention. This requirement applies to applicants who began graduate training during the period commencing on January 1, 1995, and ending on December 31, 2003.

(2) An applicant who began graduate training on or after January 1, 2004, shall show by evidence satisfactory to the board that he or she has completed a minimum of 15 contact hours of coursework in spousal or partner abuse assessment, detection, and intervention strategies, including knowledge of community resources, cultural factors, and same gender abuse dynamics. An applicant may request an exemption from this requirement if he or she intends to practice in an area that does not include the direct provision of mental health services.

(3) Coursework required under this subdivision may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course. This requirement for coursework shall be satisfied by, and the board shall accept in satisfaction of the requirement, a certification from the chief academic officer of the educational institution from which the applicant graduated that the required coursework is included within the institution's required curriculum for graduation.

(g) An applicant holding a doctoral degree in psychology from an approved institution is deemed to meet the requirements of this section if all of the following are true:

(1) The approved institution offered a doctoral degree in psychology designed to prepare students for a license to practice psychology and was approved by the Bureau for Private Postsecondary and Vocational Education on or before July 1, 1999.

(2) The approved institution has not, since July 1, 1999, had a new location, as described in Section 94721 of the Education Code.

(3) The approved institution is not a franchise institution, as defined in Section 94729.3 of the Education Code.

#### CREDIT(S)

(Added by Stats.2000, c. 625 (A.B.400), § 2. Amended by Stats.2001, c. 728 (S.B.724), § 24.4; Stats.2002, c. 481 (S.B.564), § 1; Stats.2005, c. 658 (S.B.229), § 5.)

#### HISTORICAL AND STATUTORY NOTES

##### 2003 Main Volume

Operation and effect of Stats.1971, c. 1748, p. 3769, see Historical Note under Civ.C. § 25.

Effect of amendment of section by two or more acts at the same session of the legislature, see Government Code § 9605.

Governor Davis issued the following signing message regarding Stats.2002, c. 481 (S.B.564):

"To the Members of the California Legislature:

"I am signing SB 564 in the hopes the specific coursework for therapists in handling spousal and partner abuse will, over time help to educate and thus, lower the staggering statistics of reports of violence against women.

"Normally, I would be reluctant to have the legislature establish course curriculum, but given the real world consequences of spousal and partner abuse, this training seems necessary and in fact, long overdue. A '1988 Survey on Women's Health' reports that one-third of women report being abused by a husband or boyfriend in their lives. In 1999, 33 percent of women murdered in California were killed by their husbands, ex-husbands, or boyfriends. The California Department of Justice Criminal Justice Statistics Center reported law enforcement received 196,406 domestic violence calls in 2000.

"I would, however, discourage further legislation dictating specific course content and curriculum as this role is better left to academicians whose special skill and knowledge enables them to set over arching goals and policies affecting their course studies.

"Sincerely,

"GRAY DAVIS"

#### Former Notes

Former § 2914, added by Stats.1967, c. 1677, § 2, amended by Stats.1971, c. 1748, § 6; Stats.1972, c. 1285, § 1.3; Stats.1977, c. 216, § 1; Stats.1978, c. 1161, § 198; Stats.1978, c. 1208, § 6; Stats.1984, c. 1149, § 5; Stats.1985, c. 990, § 1; Stats.1989, c. 888, § 4; Stats.1993, c. 1234 (A.B.890), § 7, relating to qualifications for licensure, was repealed by Stats.2000, c. 625 (A.B.400), § 1. See this section.

Former § 2914, added by Stats.1957, c. 2320, p. 4039, § 1, amended by Stats.1961, c. 1821, p. 3875, § 26 specifying qualifications of committee members, was repealed by Stats.1967, c. 1677, p. 4199, § 1. See Business and Professions Code § 2923.

#### Derivation

Former § 2914, added by Stats.1967, c. 1677, § 2, amended by Stats.1971, c. 1748, § 6; Stats.1972, c. 1285, § 1.3; Stats.1977, c. 216, § 1; Stats.1978, c. 1161, § 198; Stats.1978, c. 1208, § 6; Stats.1984, c. 1149, § 5; Stats.1985, c. 990, § 1; Stats.1989, c. 888, § 4; Stats.1993, c. 1234 (A.B.890), § 7.

Former § 2941, added by Stats.1957, c. 2320, p. 4041, § 1.

#### CROSS REFERENCES

"Board" defined for purposes of this Chapter, see Business and Professions Code § 2902.

"Board" defined for purposes of this Code, see Business and Professions Code § 22.

Clinical psychologists, health facility rules for medical staff membership and clinical privileges, see Health and Safety Code § 1316.5.

Denial of license,

Additional grounds, generally, see Business and Professions Code § 480

Grounds, generally, see Business and Professions Code § 475.

"Department" defined for purposes of this Code, see Business and Professions Code § 23.

Department of industrial relations, division of workers' compensation, medical evaluators, see Labor Code § 139.2.

Psychological activities, exemption provisions with respect to this section, see Business and Professions Code § 2909.

Psychological activities and professional titles, salaried employees of organizations, see Business and Professions Code § 2909.

Workers' compensation and insurance, psychologist and acupuncturist, see Labor Code § 3209.3.

#### CODE OF REGULATIONS REFERENCES

Alternate plan for supervised professional experience in non-mental health services, see 16 Cal. Code of Regs. § 1387.3.

Criteria for approval of comparable programs, see 16 Cal. Code of Regs. § 1383 et seq.

Criteria for evaluation of education experience, see 16 Cal. Code of Regs. § 1386 et seq.

Education and experience, see 16 Cal. Code of Regs. § 1382 et seq.

Evaluation criteria, doctorate equivalent; foreign graduates, see 16 Cal. Code of Regs. §§ 1385, 1386.

Failure to appear for examination, withdrawal of application, see 16 Cal. Code of Regs. § 1381.4.

Supervised professional experience, see 16 Cal. Code of Regs. § 1387.

#### LAW REVIEW AND JOURNAL COMMENTARIES

Elimination of citizenship requirement: legislative review. (1973) 4 Pac.L.J. 275.

#### LIBRARY REFERENCES

2003 Main Volume

Health  138.

Westlaw Topic No. 198H.

#### RESEARCH REFERENCES

Encyclopedias

CA Jur. 3d Healing Arts and Institutions § 129, Approval of Schools or Courses.

CA Jur. 3d Healing Arts and Institutions § 238, Educational Requirements.

CA Jur. 3d Healing Arts and Institutions § 240, Clinical Experience Requirements.

CA Jur. 3d Healing Arts and Institutions § 243, Grounds for Denial.

Cal. Civ. Prac. Workers' Compensation § 2:11, Definition of Physician.

## Forms

West's Cal. Code Forms, Bus. & Prof. § 2914 Form 3, Registration as a Psychologist.

## UNITED STATES CODE ANNOTATED

Violence against women prevention, grants for training and educating health professionals, see 42 U.S.C.A. § 294h.


## NOTES OF DECISIONS

Construction with other laws 1/2


Doctorate degree 2

Validity of degree 1


1/2. Construction with other laws

To qualify as a secondary evaluator under the Sexually Violent Predator Act (SVP Act), the evaluator is required to have a doctoral degree in psychology, rather than a degree in education psychology or education with the field of specialization in counseling psychology or educational psychology. In re Wright (App. 4 Dist. 2005) 27 Cal.Rptr.3d 281, 128 Cal.App.4th 663, review denied. Mental Health  461

1. Validity of degree

Board of medical examiners could challenge validity of licensed psychologist's degree, as not having been earned by appropriate and sufficient study, although it was granted by educational institution authorized to issue degrees. Packer v. Board of Medical Examiners (App. 2 Dist. 1974) 112 Cal.Rptr. 76, 37 Cal.App.3d 63. Health  134

2. Doctorate degree

Person who had earlier qualified to take examination for certification as psychologist was not required to hold doctorate degree in order to be licensed. Packer v. Board of Medical Examiners (App. 2 Dist. 1974) 112 Cal.Rptr. 76, 37 Cal.App.3d 63. Health  138

A doctorate degree conferred by an unaccredited and unapproved college or university and thereafter reconferred, following accreditation or approval of the college or university, is not an earned doctorate degree obtained from an accredited or approved college or university for purposes of this section and this would not be affected by the fact that the reconferred degree is predicated to a date closely following accreditation or approval of the college or university. 60 Op.Atty.Gen. 94, 3-31-77.

West's Ann. Cal. Bus. & Prof. Code § 2914, CA BUS & PROF § 2914



Current with all 2009 Reg.Sess. laws; all 2009-2010 1st through 5th, 7th, and 8th Ex.Sess. laws; urgency legislation through Ch. 51 of the 2010 Reg.Sess.; and propositions on the 6/8/2010 ballot.

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16 CCR § 1382.3

Page 1

Cal. Admin. Code tit. 16, § 1382.3

**C**

Barclays Official California Code of Regulations Currentness

Title 16. Professional and Vocational Regulations

Division 13.1. Board of Psychology

Article 3. Education and Experience

→ **§ 1382.3. Training in Alcoholism/Chemical Dependency Detection and Treatment.**

The requirements set forth in Section 2914 (e) of the code shall be satisfied by completion of a graduate level course which meets the following criteria:

- (a) The course shall be devoted solely to the topic of alcoholism and chemical dependency detection and treatment and shall not be less than a semester or a quarter term in length.
- (b) The course must be obtained at an educational institution, or in an extension course offered by an institution, which is either credited under Education Code Section 94310.1, or approved under Education Code Section 94310.2, by the State Department of Education.
- (c) An original transcript indicating successful completion of the course shall be deemed sufficient evidence for purposes of satisfying this requirement.
- (d) The course shall include training in each of the following subjects as they relate to alcoholism and chemical dependency:
  - (1) The definition of alcoholism and other chemical dependency, and the evaluation of the user.
  - (2) Current theories of, and research on, the etiology of substance abuse.
  - (3) Physiological and medical aspects and effects of alcoholism and other chemical dependency.
  - (4) Psychopharmacology and the interaction of various classes of drugs, including alcohol.
  - (5) Diagnosing and differentiating alcoholism and substance abuse in patients referred for other clinical symptoms, such as depression, anxiety, psychosis, and impotence.
  - (6) Populations at risk with regard to substance abuse.

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Cal. Admin. Code tit. 16, § 1382.3

- (7) Cultural and ethnic considerations.
- (8) Prenatal effects.
- (9) Adolescent substance abuse.
- (10) Implications for the geriatric population.
- (11) Iatrogenic dependency.
- (12) Major treatment approaches to alcoholism and chemical dependency, including research and application.
- (13) The role of persons and systems which support or compound abuse.
- (14) Family issues which include treatment approaches with families of alcoholics and/or substance abusers.
- (15) The process of referring affected persons.
- (16) Community resources offering assessment, treatment and follow-up for the abuser and family.
- (17) Ethical and Legal issues for clinical practice.
- (18) Prevention of substance abuse.

Note: Authority cited: Section 2930, Business and Professions Code. Reference: Section 2914(e), Business and Professions Code.

#### HISTORY

1. Change without regulatory effect renumbering former section 1387.6 to section 1382.3 filed 2-19-2002 pursuant to section 100, title 1, California Code of Regulations (Register 2002, No. 8).
2. Change without regulatory effect amending first paragraph and subsection (d)(1) and adding subsection (d)(5) designator filed 8-20-2002 pursuant to section 100, title 1, California Code of Regulations (Register 2002, No. 34).

16 CCR § 1382.3

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Cal. Admin. Code tit. 16, § 1382.3

16 CCR § 1382.3, 16 CA ADC § 1382.3

This database is current through 6/25/10 Register 2010, No. 26

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**C****Effective: January 1, 2010**

West's Annotated California Codes Currentness  
 Business and Professions Code (Refs & Annos)  
 Division 2. Healing Arts (Refs & Annos)  
 Chapter 14. Social Workers (Refs & Annos)  
 Article 4. Licensure (Refs & Annos)  
 → § 4996.2. Qualifications for license

Each applicant shall furnish evidence satisfactory to the board that he or she complies with all of the following requirements:

- (a) Is at least 21 years of age.
- (b) Has received a master's degree from an accredited school of social work.
- (c) Has had two years of supervised post-master's degree experience, as specified in Section 4996.23.
- (d) Has not committed any crimes or acts constituting grounds for denial of licensure under Section 480. The board shall not issue a registration or license to any person who has been convicted of any crime in this or another state or in a territory of the United States that involves sexual abuse of children or who is required to register pursuant to Section 290 of the Penal Code or the equivalent in another state or territory.
- (e) Has completed adequate instruction and training in the subject of alcoholism and other chemical substance dependency. This requirement applies only to applicants who matriculate on or after January 1, 1986.
- (f) Has completed instruction and training in spousal or partner abuse assessment, detection, and intervention. This requirement applies to an applicant who began graduate training during the period commencing on January 1, 1995, and ending on December 31, 2003. An applicant who began graduate training on or after January 1, 2004, shall complete a minimum of 15 contact hours of coursework in spousal or partner abuse assessment, detection, and intervention strategies, including knowledge of community resources, cultural factors, and same gender abuse dynamics. Coursework required under this subdivision may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course. This requirement for coursework shall be satisfied by, and the board shall accept in satisfaction of the requirement, a certification from the chief academic officer of the educational institution from which the applicant graduated that the required coursework is included within the institution's required curriculum for graduation.

(g) Has completed a minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 1807 of Title 16 of the California Code of Regulations. This training or coursework may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course.

(h) Has completed a minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 1807.2 of Title 16 of the California Code of Regulations. This training or coursework may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course.

#### CREDIT(S)

(Added by Stats.1985, c. 820, § 1. Amended by Stats.1988, c. 1091, § 3; Stats.1993, c. 1234 (A.B.890), § 10; Stats.1994, c. 474 (A.B.2956), § 4; Stats.2001, c. 728 (S.B.724), § 45; Stats.2002, c. 481 (S.B.564), § 8; Stats.2009, c. 308 (S.B.819), § 67.)

#### HISTORICAL AND STATUTORY NOTES

##### 2003 Main Volume

Legislative intent relating to 1988 legislation, see Historical and Statutory Notes under Business and Professions Code § 4992.3.

The 1988 legislation rewrote subd. (c), which read:

“Has had two years of full-time post-masters' experience, acceptable to the board, in the use of psychosocial and psychotherapeutic methods and measures in a hospital, clinic, or agency. One year of that experience shall have been in a hospital, clinic, or agency in which the applicant, under professional supervision or with professional consultation or both, has employed those methods or measures. The board may establish standards for equivalent means of meeting the requirements of this subdivision. The standards shall insure that the performance of services authorized by Section 4996.5 by persons complying with the standards shall be done in a manner which protects the health and welfare of the persons receiving the services.”

For Governor's signing message regarding Stats.2002, c. 481 (S.B.564), see Historical and Statutory Notes under Business and Professions Code § 2914.

##### 2010 Electronic Update

##### 2009 Legislation

For cost reimbursement provisions relating to Stats.2009, c. 308 (S.B.819), see Historical and Statutory Notes under Business and Professions Code § 27.

## 2003 Main Volume

## Derivation

Former § 9042, added by Stats.1967, c. 1544, p. 3677, § 2, amended by Stats.1968, c. 1329, p. 2536, § 2.5; Stats.1970, c. 760, p. 1439, § 9; Stats.1972, c. 579, p. 991, § 4; Stats.1972, c. 1285, p. 2563, § 13; Stats.1972, c. 1286, p. 2566, § 1; Stats.1974, c. 718, § 1; Stats.1978, c. 1161, p. 3729, § 446; Stats.1984, c. 1149, § 7.

## CROSS REFERENCES

“Board” defined for purposes of this Code, see Business and Professions Code § 22.  
Board of Behavioral Sciences, see Business and Professions Code § 4990.1.

## CODE OF REGULATIONS REFERENCES

Criteria for rehabilitation, see 16 Cal. Code of Regs. § 1813.


## LAW REVIEW AND JOURNAL COMMENTARIES

Elimination of citizenship requirement: legislative review. 4 Pac.L.J. 275 (1973).

Opportunity lost: How law school disappoints law students, the public, and the legal profession. Jason M. Dolin, 44 Cal. W. L. Rev. 219 (2007).

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C.J.S. Architects §§ 4, 7.  
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CA Jur. 3d Healing Arts and Institutions § 238, Educational Requirements.

CA Jur. 3d Healing Arts and Institutions § 240, Clinical Experience Requirements.

CA Jur. 3d Healing Arts and Institutions § 243, Grounds for Denial.

West's Ann. Cal. Bus. & Prof. Code § 4996.2, CA BUS & PROF § 4996.2

Current with all 2009 Reg.Sess. laws; all 2009-2010 1st through 5th, 7th, and 8th Ex.Sess. laws; urgency legislation through Ch. 51 of the 2010 Reg.Sess.; and propositions on the 6/8/2010 ballot.

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# *Guide to Certification*

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# NAADAC Code of Ethics

## **Principle 1: Non-Discrimination**

I shall affirm diversity among colleagues or clients regardless of age, gender, sexual orientation, ethnic/racial background, religious/spiritual beliefs, marital status, political beliefs, mental/physical disability or veteran status.

## **Principle 2: Client Welfare**

I understand that the ability to do good is based on an underlying concern for the well-being of others. I shall act for the good of others and exercise respect, sensitivity and insight. I understand that my primary professional responsibility and loyalty is to the welfare of my clients and I shall work for the client irrespective of who actually pays his/her fees.

## **Principle 3: Client Relationship**

I understand and respect the fundamental human right of all individuals to self-determination and to make decisions that they consider in their own best interest. I shall be open and clear about the nature, extent, probable effectiveness and cost of those services to allow each individual to make an informed decision of their care.

## **Principle 4: Trustworthiness**

I understand that effectiveness in my profession is largely based on the ability to be worthy of trust and I shall work to the best of my ability to act consistently within the bounds of a known moral universe, to faithfully fulfill the terms of both personal and professional commitments, to safeguard fiduciary relationships consistently and to speak the truth as it is known to me.

## **Principle 5: Compliance with Law**

I understand that laws and regulations exist for the good ordering of society and for the restraint of harm and evil and I am aware of those laws and regulations that are relevant both personally and professionally. Follow them, while reserving the right to commit civil disobedience.

## **Principle 6: Rights and Duties**

I understand that personal and professional commitments and relationships create a network of rights and corresponding duties. I shall work to the best of my ability to safeguard the natural and consensual rights of each individual and fulfill those duties required of me.

## **Principle 7: Dual Relationships**

I understand that I must seek to nurture and support the development of a relationship of equals rather than to take unfair advantage of individuals who are vulnerable and exploitable.

## **Principle 8: Preventing Harm**

I understand that every decision and action has ethical implication leading either to benefit or harm and I shall carefully consider whether any of my decisions or actions has the potential to produce harm of a physical, psychological, financial, legal or spiritual nature before implementing them.

## **Principle 9: Duty of Care**

I shall operate under the principle of Duty of Care and shall maintain a working/therapeutic environment in which clients, colleagues and employees can be safe from the threat of physical, emotional or intellectual harm.

Updated August 18, 2008

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## **| This Guide**

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This guide is intended to provide general information about the National Certification Commission's national credentials and endorsements. All fees are accurate at the time of printing but are subject to change. If you require more information or have a question, please do not hesitate to visit the NAADAC website ([www.naadac.org](http://www.naadac.org)) or contact the NAADAC national office at 800.548.0497 or [naadac@naadac.org](mailto:naadac@naadac.org).

## | History and Mission

---

Under the auspices of NAADAC, the Association for Addiction Professionals, the National Certification Commission (NCC) operates as an independent body for all matters involving the Association's alcohol and drug abuse counselor certification and endorsement opportunities at the national and international level.

Established in 1990, the National Certification Commission (NCC) has independent autonomy in the development and promulgation of standards for testing, including who qualifies for the exams, content, administration, scoring and appeals. Because the NCC is connected to the profession and to those who are using the credential on a day-to-day basis, the tests are continually updated. The tests are evaluated annually to ensure they address the latest information on treating addictive disorders.

The purpose of credentialing is to standardize the quality of addiction prevention, intervention, treatment and continuing care services. Through standardized testing, the Commission is able to set a benchmark for professionals and monitor the abilities of those who treat addictions.

The purpose of the NCC's national certifications for addiction counselors is:

- to focus on the individual counselor and to provide a formal indicator of the current knowledge and competence at the national level;
- to provide a national standard that exceeds most state requirements and encourages professionals to continue to learn for the sake of their clients;
- to establish, measure, and monitor the requirements for knowledge in the profession; and
- to provide assistance to employers, health care providers, educators, government entities, labor unions, other practitioners, and the public in the identification of quality counselors who have met the national competency standards.

## Certification Descriptions and Eligibility

### **NATIONAL CERTIFIED ADDICTION COUNSELOR (NCAC I)**

*The National Certified Addiction Counselor, Level I, credential is a voluntary national certification intended for professionals working within addiction-related disciplines wishing to demonstrate their skills gained through years of supervised work experience.*

#### **Eligibility Requirements**

- Current state certification/licensure as an alcohol and/or drug abuse counselor.
- Three years full-time or 6,000 hours of supervised experience as an alcohol and/or drug abuse counselor.
- 270 contact hours of education and training in alcoholism and drug abuse or related counseling subjects, including six hours of ethics training and six hours of HIV/AIDS training.
- Passing score on the NCAC I written examination within four years of application.

#### **Application Requirements**

- Documentation of current state certification/licensure as an alcohol and/or drug abuse counselor.
- Three years full-time or 6,000 hours of supervised experience as an alcohol and/or drug abuse counselor.
- Written verification of competency in all skill groups verified by a supervisor or other health care professionals who have personally observed the candidate's alcohol and/or drug abuse counseling work.
- Documentation of 270 contact hours of education and training in alcohol and drug abuse or related counseling subjects, including six contact hours of ethics training and six contact hours of HIV/AIDS training in the last five years.
- Submission of a signed statement that the candidate has read the NAADAC Code of Ethics and subscribes to it.
- A copy of your examination grade sheet.
- Payment of non-refundable application/certification fee.



## | Certification Overview

The National Certification Commission (NCC) has instituted four credentials for addiction counselors:

- National Certified Addiction Counselor, Level I (NCAC I)
- National Certified Addiction Counselor, Level II (NCAC II)
- Master Addiction Counselor (MAC)
- Tobacco Addiction Specialist (TAS)

The NCAC I, NCAC II and TAS are maintained solely by the NCC, and the MAC is maintained in conjunction with the National Board for Certified Counselors (NBCC). This allows the test to be more cost effective and to incorporate input from those working in the profession.

These four credentials are suited to varying degrees of knowledge and formal training, based on the skill set of the addiction professional. Each test is administered through the Professional Testing Corporation (PTC) and with the highest standards available. Each credential has a different set of standards to fit the testing populations. Movement through the credentials is possible, but each test shows how the counselor is a leader in the profession because they meet quality standards.

The National Certification Commission also offers other opportunities for specialization:

- Substance Abuse Professional (SAP) – (Qualification)
- Adolescent Specialist Endorsement (ASE)

These specialties allow nationally certified addiction counselors to demonstrate their knowledge base in a particular area of expertise.

## NATIONAL CERTIFIED ADDICTION COUNSELOR (NCAC II)

*The National Certified Addiction Counselor, Level II, credential is a voluntary national certification intended for professionals working within addiction-related disciplines wishing to demonstrate their specialized addiction treatment skills gained through supervised work experience and specific undergraduate course work.*

### Eligibility Requirements

- A bachelor's level college degree from a regionally accredited institution of higher learning.
- Current state certification/licensure as an alcohol and/or drug abuse counselor.
- Five years full-time or 10,000 hours of supervised experience as an alcohol and/or drug abuse counselor.
- 450 contact hours of education and training in alcoholism and drug abuse or related counseling subjects, including six hours of ethics training and six hours of HIV/AIDS training.
- Passing score on the NCAC II written examination within four years of application.

### Application Requirements

- Copy of a bachelor's degree transcript from a regionally accredited institution of higher learning.
- Documentation of current state certification/licensure as an alcohol and/or drug abuse counselor.
- Five years full-time or 10,000 hours of supervised experience as an alcohol and/or drug abuse counselor.
- Written verification of competency in all skill groups verified by a supervisor or other health care professionals who have personally observed the candidate's alcohol and/or drug abuse counseling work.
- Documentation of 450 contact hours of education and training in alcohol and drug abuse or related counseling subjects, including six contact hours of ethics training and six contact hours of HIV/AIDS training in the last five years.
- Submission of a signed statement that the candidate has read the NAADAC Code of Ethics and subscribes to it.
- A copy of your examination grade sheet.
- Payment of non-refundable application/certification fee.

## MASTER ADDICTION COUNSELOR (MAC)

*The Master Addiction Counselor credential is a voluntary national certification intended for professionals working within addiction-related disciplines wishing to demonstrate their specialized addiction treatment skills gained through supervised work experience and specific graduate course work.*

### Eligibility Requirements

- A master's degree in the healing arts or related field with in-depth subjects applicable to the alcohol and drug abuse treatment arena, by a regionally accredited institution of higher learning.
- Current state certification/licensure in alcohol and/or drug abuse counseling or a related healing art.
- 500 contact hours of specific alcohol and drug abuse counseling training, including six hours of ethics training and six hours of HIV/AIDS training.
- Three years full-time or 6,000 hours of supervised experience, two years or 4,000 hours of which is post master's degree.
- Passing score on the MAC written examination within four years of application.

### Application Requirements

- Official transcript of a master's degree transcript from a regionally accredited institution of higher learning.
- Documentation of current state certification/licensure as an alcohol and/or drug abuse counselor.
- Three years full-time or 6,000 hours of supervised experience, two years or 4,000 hours of which is post master's degree.
- Written verification of competency in all skill groups verified by a supervisor or other health care professionals who have personally observed the candidate's alcohol and/or drug abuse counseling work.
- Documentation of 500 contact hours of specific alcohol and drug abuse counseling training, including six contact hours of ethics training and six contact hours of HIV/AIDS training in the last five years.
- Submission of a signed statement that the candidate has read the NAADAC Code of Ethics and subscribes to it.
- A copy of your examination grade sheet.
- Payment of non-refundable application/certification fee.



## **TOBACCO ADDICTION SPECIALIST (TAS)**

*The Tobacco Addiction Specialist (TAS) credential provides foundational knowledge of tobacco addiction, develops skills and strategies for tobacco addiction counseling and examines related recovery and wellness issues.*

### **Eligibility Requirements**

- Completion of an 85 hours of tobacco or nicotine dependence specific training
- Passing score on the 150 question written examination
- Forty hours of continuing education every three years for credential renewal

### **Application Requirements**

- Evidence of 85 hours of specific tobacco education and additional documentation of training and education for specific field;
- 270 contact hours of education and training in health care profession;
- Evidence of three years of employment in the health care profession, such as nursing, respiratory therapist, or pharmacist and evidence of current certification or licensure in the health care profession;
- Documentation of supervised work experience.

## Credential Comparison

|                                | National Certified<br>Addiction<br>Counselor<br>(NCAC I)   | National Certified<br>Addiction<br>Counselor<br>(NCAC II)  | Master Addiction<br>Counselor (MAC)  | Tobacco<br>Addiction<br>Specialist (TAS)   |
|--------------------------------|--|--|--|--|
| Prerequisite:                  | Must possess a current state licensure or certification as a substance abuse counselor from an accepted state credential     | Must possess a current state licensure or certification as a substance abuse counselor from an accepted state credential     | Must possess a current state licensure or certification as a substance abuse counselor from an accepted state credential OR current state license in a healing art (e.g. LPC, LCSW, nurse, etc.) | Must possess a current state license or certification in the health care profession from an accepted state credential                    |
| Degree Required:               | No requirement   | Bachelor's degree with an emphasis in counseling addicted clients  | Master's degree in a healing art or related field with an emphasis in counseling addicted clients  | No requirement   |
| Approved Education & Training: | 270 contact hours of education and training in AODA counseling subjects, including 6 hours of HIV/AIDS and 6 hours of ethics | 450 contact hours of education and training in AODA counseling subjects, including 6 hours of HIV/AIDS and 6 hours of ethics | 500 contact hours of education and training in specific AODA counseling subjects, including 6 hours of HIV/AIDS and 6 hours of ethics  | 270 contact hours of education and training in the health care profession, including 85 hours of specific tobacco education and training |
| Experience:                    | 6,000 hours/<br>3 years full-time supervised experience in AODA counseling   | 10,000 hours/<br>5 years full-time supervised experience in AODA counseling  | 6,000 hours/3 years full-time experience in AODA counseling, 2 years post-master's degree  | 6,000 hours/<br>3 years of employment in a health care profession  |

\*alcohol and other drug abuse (AODA)

## | Application Procedure

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Depending upon which state you hold a license or certification in, you may be eligible to submit the passing score from your state examination to apply to your national certification, without retesting.

Several state certifying boards use the NCC's written examination as their own, due to the high standards of knowledge and security of our tests. If you hold a state license or certification in any of these states, your passing score within the past four years is applicable to our national credentials, and you do not have to take the written examination again. Visit [www.naadac.org](http://www.naadac.org) for more information and the most accurate listing of participating states.

To apply for the first time to be either an NCAC I, NCAC II or MAC, download the application and instruction packet from The Professional Testing Corporation (PTC) at [www.ptcny.com/clients/NCC](http://www.ptcny.com/clients/NCC).

To apply for the TAS or if you have questions about the *NCAC I, NCAC II or MAC application process*, an application and instruction packet can be requested directly from NAADAC by contacting 800.548.0497 or [naadac@naadac.org](mailto:naadac@naadac.org).

The application and instruction packet outlines the necessary documentation required for the application, as well as:

- testing center information
- testing dates
- deadlines
- procedures for submitting a successful application
- examination content
- sample questions
- the NAADAC Code of Ethics
- a full bibliography of suggested reading to prepare for the written examination

Alternatively, an application and instruction packet can be requested directly from NAADAC by contacting 800.548.0497 or [naadac@naadac.org](mailto:naadac@naadac.org).

## **| Examination Content**

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Each written national credentialing examination is tailored to test the applicant on his or her projected knowledge based on experience, education and training.

The following skill groups are evaluated in the examination, and an applicant for national certification should be well versed in each of these topic areas:

1. treatment admission (screening, intake and orientation)
2. clinical assessment
3. ongoing treatment planning
4. counseling services (individual, group, family, crisis intervention and client education)
5. documentation
6. case management
7. discharge and continuing care
8. legal, ethical and professional growth issues

The National Certified Addiction Counselor (NCAC I) written examination consists of 250 multiple-choice, objective questions, which test candidates' knowledge in the areas of counseling practice (40%), pharmacology of psychoactive substances (30%), the theoretical base of counseling (15%) and professional issues related to alcoholism and drug abuse treatment (15%).

The National Certified Addiction Counselor (NCAC II) written examination consists of 250 multiple-choice, objective questions, which test candidates' knowledge in the areas of pharmacology of psychoactive substances (25%), counseling practice (25%), the theoretical base of counseling (25%) and professional issues related to alcoholism and drug abuse treatment (25%).

The Master Addiction Counselor (MAC) written examination consists of 200 multiple-choice, objective questions, which test candidates' knowledge in the areas of pharmacology of psychoactive substances (35%), professional issues related to alcoholism and drug abuse treatment (35%) and counseling practice (30%).

The Tobacco Addiction Specialist (TAS) written examination consists of 175 multiple-choice, objective questions, which test candidates' knowledge in the areas of nicotine dependence (50%), counseling (25%), co-occurring disorders (15%) and intervention planning (10%).

## **| Re-Credentialing Procedures**

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Renewal of the NCAC I, NCAC II and MAC credentials are required every two years. The TAS credential must be renewed every three years. If you have not received your re-credentialing application, please call NAADAC at 800.548.0497 and ask for the certification department.

### **APPLICATION PROCESS**

Each counselor applying for the NCAC I, NCAC II and MAC must submit a completed and signed application. The counselor's signature verifies that 40 contact hours of training/education have been completed in the past 24-month credentialing period: 20 of these hours specific to alcoholism and drug abuse counseling and 20 in related subjects. A copy of a current state level license or certification in alcoholism and/or drug abuse must be provided with the re-credentialing application. MAC holders may present a license or certification in a related healing art.

Each counselor applying for the TAS must submit a completed and signed application. The counselor's signature verifies that 40 contact hours of training/education have been completed in the past 36-month credentialing period

### **AUDIT**

It is no longer necessary to submit copies of training certificates; however, you must retain such materials in case of verification requests. The Certification Commission will randomly audit 10% of all applications. If your application is selected for audit, you must furnish your training verification certificates and any other outstanding documentation.

### **RECERTIFICATION FEES**

NCAC I, NCAC II and MAC recertification fees are \$100 for NAADAC members and \$200 for non-members. TAS recertification fees are \$200 for NAADAC members and \$300 for non-members.

### **LATE FEES**

A late fee will be applied to all renewals 30 to 60 days past the re-certification deadline. After 60 days, a reinstatement fee will be applied. Please refer to the following Fee Schedule.

## | Deadlines

Written examinations are administered nationwide and abroad four times per year for an eight-day period (Saturday to Saturday):

- From the 2nd Saturday in March to the 3rd Saturday in March
- From the 2nd Saturday in June to the 3rd Saturday in June
- From the 2nd Saturday in September to the 3rd Saturday in September
- From the 2nd Saturday in December to the 3rd Saturday in December

Applications are due approximately six-weeks prior to the testing period. For current deadlines please visit [www.ptcny.com/clients/NCC](http://www.ptcny.com/clients/NCC).

The NCAC I, NCAC II and MAC credentials are now administered in electronic format. The written version of the examinations is still available for applicants with special circumstances and prior approval.

## | Fee Schedule\*

| Program Costs   | NAADAC<br>Member | Non-<br>Member |
|---|------------------|----------------|
| MAC Test & Credential Application                               | \$235            | \$335          |
| NCAC (I & II) Test & Credential Application                     | \$205            | \$305          |
| MAC Test Application only (for licensure purposes)              | \$155            | \$155          |
| MAC Credential Application only                                 | \$90             | \$190          |
| NCAC (I & II) Test Application (for state)                      | \$135            | \$135          |
| NCAC (I & II) Credential Application only                       | \$70             | \$170          |
| Recertification   | \$100            | \$200          |
| Reinstatement – one cycle missed                                | \$50             | \$75           |
| Late fee (up to 30 days after certification deadline)           | \$30             | \$60           |
| Extension of Recertification (6 months)                         | \$15             | \$30           |
| Inactive Status (5 year limit)                                  | \$15             | \$30           |
| Certificate re-issued   | \$25             | \$50           |
| Retired Status  | no charge        | no charge      |
| Interstate Courtesy   | \$25             | \$50           |
| Tobacco Addiction Specialist Application                        | \$200            | \$300          |
| Tobacco Addiction Specialist Renewal                            | \$150            | \$250          |
| Adolescent Specialist Endorsement Application                   | \$200            | \$300          |
| Adolescent Specialist Endorsement Renewal                       | \$100            | \$200          |
| Substance Abuse Professionals (SAPs)                            | \$307            | \$407          |
| 12-hour Qualification home study course and written examination |                  |                |
| Substance Abuse Professionals (SAPs) 3-year Web Listing         | \$100            | \$150          |

\*Prices are subject to change.

## **| Endorsements and Qualifications**

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### **ADOLESCENT SPECIALIST ENDORSEMENT (ASE)**

*The Adolescent Specialist Endorsement (ASE) is a nationally recognized standard of competencies and effective clinical practice utilized in treating adolescent Substance Use Disorders (SUDs).*

#### **Application Requirements**

- Five years of validated supervised experience working in the addictions profession, half of which must be with an adolescent population;
- Evidence of 70 hours of training related to adolescent treatment; and
- A current credential through an approved certifying board (such as a state commission, NAADAC, the American Academy of Health Care Providers in the Addictive Disorders, IC&RC or other related licensing authority).

#### **Course Requirements**

- Successfully pass a 100-item examination specific to treatment of adolescents with substance use disorders.
- Completion of 40 Continuing Education (CE) credits every three years to renew the endorsement.

#### **Cost**

The cost for the application process and written examination is \$200 for members of NAADAC and/or NCC certificate holders and \$300 for non-members and non-certificate holders. After successful completion of the examination, you will receive an approval letter and an ASE certificate valid for three years.

## SUBSTANCE ABUSE PROFESSIONAL (SAP) QUALIFICATION

*A Substance Abuse Professional (SAP) evaluates workers who have violated a Department of Transportation (DOT) drug and alcohol program regulation and makes recommendations concerning education, treatment, follow-up testing and aftercare.*

### Application Requirements

- Must currently hold one of the following credentials:
  - Licensed physician (Doctor of Medicine or Osteopathy)
  - Licensed or certified psychologist
  - Licensed or certified social worker
  - Licensed or certified employee assistance professional
  - Alcohol and drug abuse counselor certified by NCC or ICRC
  - Licensed as a Marriage and Family Therapist (MFT)
- Must possess knowledge of:
  - Clinical experience in the diagnosis and treatment of substance abuse-related disorders;
  - Understanding of how the SAP's role relates to the special responsibilities employers have for ensuring the safety of the traveling public; and
  - C.F.R. Part 49, permanent DOT agency regulations, the specific SAP guidelines, and any significant changes to them.

### Course Requirements

- Completion of 12 CEUs every three years that reviews the DOT required knowledge base
- Passing score of 75% or higher on the included written examination within 90 days of receipt of materials

### Cost

The cost for NAADAC's 12-hour Qualification home study course and written examination is \$307 for members of NAADAC and \$407 for non-members. After successful completion of this course, you will receive a letter of certification, certificate of completion for 12 contact hours of approved continuing education, a SAP qualification certificate valid for three years pending approval, and a three-year listing on NAADAC's website as a Substance Abuse Professional.



## **Certificate Programs and Resources**

### **CONFLICT RESOLUTION IN RECOVERY CERTIFICATE PROGRAM**

*Please note this is a certificate program and not a certification. Certificate programs recognize proficiency in a particular skill area but don't allow a person to practice without certification or licensure.*

This is a therapeutic training that is skill-based and focused on the brain; how the brain works in conflict and strategies to affect the quality of recovery in relationships.

This program has been designed to:

- Help reduce relapse and sustain recovery of adult and adolescent substance use, abuse and dependent persons by improving their conflict resolution knowledge, attitudes and skills.
- Serve as a research-based, empirically-tested, psycho-educational curriculum that is effective and appropriate to use with diverse populations of adult and adolescent substance use disorder persons.
- Provide treatment and training materials for professionals (counselors, social workers, therapists, psychologists, outreach and faith-based and others) that are easy to use and integrate into existing community residential, intensive outpatient and outpatient substance abuse treatment facilities, as well as school-based counseling, faith counseling and other helping professional and faith-based groups.
- Provide an effective, cost-efficient, feasible model for improving clients' conflict resolution capacities. This innovative program is based on concepts adapted from effective use in other disciplines/environments, make use of today's technology, and enhance relapse-prevention options.

#### **Curriculum Outline**

- Instinct or Intellect – Understanding where anger and conflict resides in the brain (limbic system and cortex).
- Instinctual Patterns/Familiar Feelings – Where we learn our patterns in conflict and how our brain automatically reverts to the familiar conflicting styles.
- Understanding Relationships – How they start and traverse through stages.
- Four Types of Agreements – Setting up relationships to be healthy.
- Four Levels of Violence – How they play a role in day-to-day conflict.
- Understanding Your Style of Conflict in Communication – Learning what your primary reactionary and secondary reactionary styles are and how they harm you and others.

- Stress and Anger – Understanding the “stress cycle” and how it may lead to conflict and relapse.
- Power and Control – Who has them and who needs them.
- Cognitive Change – Learning to change your brain and stay with it.
- Learning not to Blame and Shame – Seeking the moment of “misunderstanding.”
- Learning how to “Dig Deeper” Into the Conflict – Resolution through collaboration.
- Living a Life of Collaboration.

The Conflict Resolution package consists of:

- A facilitator’s guide featuring talking points, exercises and role plays that focus around the course themes, as well as tips for interacting with groups and individual/family/couple clients around substance abuse conflict resolution issues, visual aids, and evaluation forms.
- A participant workbook that outlines key concepts, provides visuals that reinforce content, and includes homework assignments and personal exercise sheets.

| Program Costs   | NAADAC<br>Member | Non-<br>Member |
|---|------------------|----------------|
| Participant Manual                                      | \$15             | \$30           |
| Trainers Manual   | \$135            | \$150          |
| Conflict Resolution in Recovery Proficiency Certificate | \$50             | \$75           |
| Conflict Resolution in Recovery Trainers Certificate    | \$50             | \$75           |

#### Certificate Program

Those who have participated in the Conflict Resolution curriculum may be eligible for a certificate program. Eligibility is as follows:

- 11 hours: Conflict Resolution in Recovery continuing education (CE) credits
- 12 hours: Conflict Resolution in Recovery Proficiency Certificate
- 18 hours: Conflict Resolution in Recovery Trainers Certificate

For more information on the Conflict Resolution for Recovery, please contact Cynthia Moreno Tuohy, NCAC II, CCDC III, SAP at 800.548.0497, ext. 119 or [cmoreno@naadac.org](mailto:cmoreno@naadac.org).

## CERTIFICATE IN SPIRITUAL CAREGIVING TO HELP ADDICTED PERSONS AND FAMILIES

*Please note this is a certificate program and not a certification. Certificate programs recognize proficiency in a particular skill area but don't allow a person to practice without certification or licensure.*

Help bring about the promise of recovery from addiction for individuals and families by obtaining the Certificate in Spiritual Caregiving to Help Addicted Persons and Families. NAADAC, and the National Association for Children of Alcoholics (NACoA) have created a special certificate program ideally suited for faith leaders that will:

- enhance the basic knowledge about addiction and its impact on family members including children and youth
- provide opportunities to learn about treatment and recovery resources in the community
- enhance skills at recognizing alcohol and drug addiction
- provide tools and strategies to help children, youth and families living with addicted parents or spouses.

### Toolkit and Curriculum for Education of Faith Leaders

To help educate faith leaders, NACoA developed *Spiritual Caregiving to Help Addicted Persons and Families*, a clergy education toolkit that includes a handbook for the instructor, curriculum modules, a course outline for the participants, relevant articles for background reading and handouts for each lesson. Designed for pastoral counselors to use in the education of faith leaders, the toolkit is based on the *Core Competencies for Clergy and Other Pastoral Ministers In Addressing Alcohol and Drug Dependence and Its Impact on Family Members*. To obtain the curriculum please contact NACoA. In addition, NACoA can provide a one-day training for faith-leaders. Contact NACoA at 301.468.0985 or at [www.nacoa@nacoa.org](mailto:www.nacoa@nacoa.org).

### Program Costs

| NAADAC<br>Member | Non-<br>Member |
|------------------|----------------|
| \$90             | \$90           |

**YOU**  
*care for the client.*

**WHO**  
*cares for you?*

**We do.**

Join the nation's largest organization that  
represents addiction focused professionals.

**ORDER NOW!**  
Conflict Resolution  
for Recovery



Order this manual and other  
resources at [www.naadac.org](http://www.naadac.org).



**NAADAC**

THE ASSOCIATION FOR  
ADDICTION PROFESSIONALS

[www.naadac.org](http://www.naadac.org)

*Over 35 years as an advocate for  
addiction focused professionals*

## Education Available Through NAADAC, the Association for Addiction Professionals

*NAADAC is the largest organization nationally and internationally dedicated to the legislative priorities and professional growth of counselors who specialize in the prevention, treatment and aftercare of addiction.*

### Online Bookstore

NAADAC offers addiction professionals several independent study courses, training manuals and continuing education (CEU) opportunities that can be completed at home or work.

- To help prepare for the NCAC I or NCAC II written examination, NAADAC developed the ***Basics of Addiction Counseling: Desk Reference and Study Guide, Tenth Edition***. The *Basics* contains 400 pages of addiction information split into three separate manuals, focused on meeting the educational needs of addiction counselors and other helping professionals.

**Module I:** Pharmacology of Psychoactive Substance Use, Abuse and Dependence

**Module II:** Addiction Counseling Theories, Practices and Skills

**Module III:** Ethical and Professional Issues in Addiction Counseling

Each module has an optional continuing education component that allows professionals to expand their knowledge and fulfill their educational objectives.

- The ***Ethics Independent Study Course*** provides counselors with an understanding of NAADAC's Code of Ethics and an examination to test that knowledge. This independent study course earns nine contact hours and satisfies the Ethics requirement for the NCAC I, NCAC II and MAC certifications.
- The ***Clinical Supervision of Alcohol and Drug Counselors Independent Study Course*** is designed to guide readers through the theories and methods of clinical supervision. This independent study is worth 15 contact hours if the completed test packet is submitted to NAADAC.

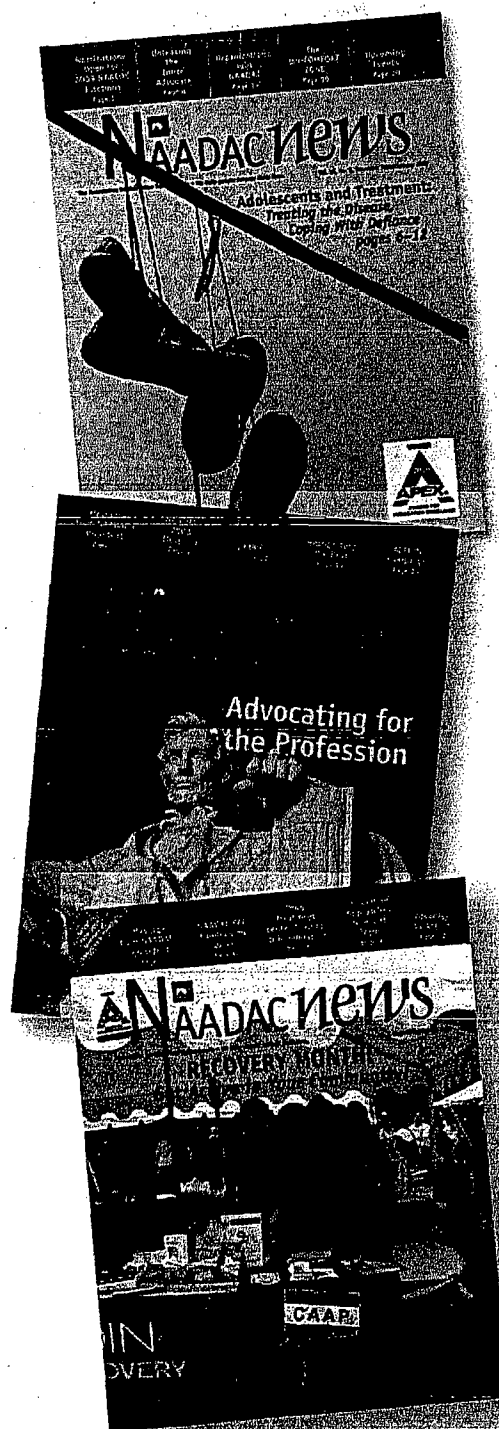
All of these products and more can be purchased directly from NAADAC by visiting the online bookstore at [www.naadac.org](http://www.naadac.org).

## NAADAC Knowledge Center

NAADAC offers a number of online courses and seminars. Online courses are free for NAADAC members, with a nominal fee for non-members. Courses include:

- The NAADAC Life-Long Learning Series *Pharmacotherapy: Integrating New Tools into Practice* online program is available at [www.naadac.org/learn](http://www.naadac.org/learn). This program addresses the four facets of alcohol dependence and addiction (biological, psychological, social and spiritual), medication management myths, and a detailed comparison of FDA-approved pharmacotherapies for alcohol dependence and skills for matching patients to the most appropriate therapy. By watching and completing the online version, participants will receive three continuing education credits and a printable certificate of completion. The course is free for NAADAC members and available for a nominal fee to non-NAADAC members.
- The NAADAC Life-Long Learning Series *Medication Management for Addiction Professionals: Campral Series* online course is available at [www.naadac.org/counselingwithmedication](http://www.naadac.org/counselingwithmedication). This online course is specifically designed for addiction professionals and provides valuable information about alcohol dependence and acamprosate (marketed as Campral®) and counseling patients with acamprosate. Studies on acamprosate, case studies of actual patients using acamprosate, model treatment plans for case studies, a patient update report form and addiction and alcohol dependency resources are also provided. By watching and completing the online course, participants will receive six continuing education credits and a printable certificate of completion. The course is free for NAADAC members and available for a nominal fee to non-NAADAC members. NOTE: Participants may receive continuing education credit for only one program of this series within a 12-month period.
- Gain 6 continuing education credits by purchasing the NAADAC Life-Long Learning Series *Medication Management for Addiction Professionals: Campral Series Independent Study Course*. This course includes an 80-page comprehensive instructional manual, CD-Rom and continuing education quiz. The pre-bound instructional manual contains all elements of the live seminar and online course, but provides the convenience of an enduring reference guide. NOTE: Participants may receive continuing education credit for only one program of this series within a 12-month period.

Full details on all of NAADAC's online programs can be found at [www.naadac.org/learn](http://www.naadac.org/learn).



**The NAADAC News**  
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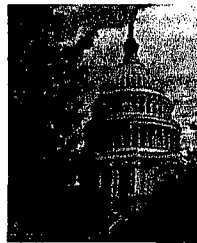
# Benefits of becoming a NAADAC Member

*Join the largest organization nationally and internationally dedicated to the legislative priorities and professional growth of counselors who specialize in the prevention, treatment and aftercare of addiction.*

## An influential voice in Washington

NAADAC is an influential and effective voice for addiction professionals before Congress and the Administration in Washington, DC on such issues as:

- Ending discrimination in health insurance plans for addiction treatment
- Reducing the disparity of federal funding between treatment and law enforcement
- Changing managed care requirements on length of stay and re-admissions
- Securing federal funding for state substance abuse treatment and prevention services
- Enhancing the professional development and rewards for addiction services professionals



## NAADAC is working for you

NAADAC is the largest membership organization in the United States exclusively dedicated to the legislative, occupational and educational priorities of addiction services professionals. On behalf of its 10,000 members, NAADAC helps shape the nation's attitudes and beliefs about addiction and those who work in addiction services. NAADAC provides up-to-date research and information on the status of policy affecting your profession through:

- NAADAC's website, [www.naadac.org](http://www.naadac.org)
- The bi-monthly publication, *NAADAC News*
- NAADAC's Legislative Alert Network
- Use of NAADAC's on-line Advocacy Action Center to contact national leaders

## Liability Insurance

The services you provide your clients are critical to many people. Protecting yourself is just as critical to you. NAADAC provides its members access to the most affordable and comprehensive professional liability insurance coverage available with no deductibles through NAADAC's discounted group rate policy. Our policy is custom designed especially for alcoholism and drug abuse counselors.

The policy insures you for life—even if you change employers or stop working, as long as the covered incidents occur while the policy is in effect. A low annual

premium (which varies by state) covers professional services up to \$1 million per incident, with a \$3 million annual aggregate.



## Code of Ethics

All NAADAC members agree to affirm the NAADAC code of ethical practice. The code avows autonomy, objectivity and justice as well as non-discrimination based on race, religion, age, gender or economic condition. It stresses respect and protection of the welfare of patients. The code is meant to safeguard the integrity of the counseling relationship. It encourages members to actively engage in the legislative process and public sector programs to change public policy and perception about addiction treatment.

## Additional NAADAC Benefits

- Assistance with referrals concerning ethical or legal questions or complaints and two free hours of help on a Legal Assistance Hotline provided by NAADAC's liability company.
- Free subscription to NAADAC's official magazine, *Addiction Professional*, which is published six times annually.
- Peer support and network opportunities through national and state conferences and workshops.
- Reduced rates for NAADAC's national meeting and public policy conference.
- NAADAC members can earn educational credits through NAADAC's free on-line courses.
- Discounts on NAADAC-National Certification Commission certification products.

For a complete list of benefits and information on how to join, please visit [www.naadac.org](http://www.naadac.org)



## NAADAC

THE ASSOCIATION FOR  
ADDICTION PROFESSIONALS

[www.naadac.org](http://www.naadac.org)

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Alexandria, VA 22314

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Fax: 800.377.1136 | 703.741.7698

Email: [naadac@naadac.org](mailto:naadac@naadac.org)





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## How to Become a CEAP

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## How to Become a CEAP

The following is a brief overview of the eligibility requirements for earning your CEAP.

For a complete and detailed explanation of the certification process as well as all the forms you need, the CEAP Candidate Handbook is accessible at no charge under the heading, "Credentialing/CEAP Certification," on the EAPA web site.

There are two different tracks for earning your CEAP:

**If you have a graduate degree in an area that is directly related to EAP work (such as psychology, social work, or counseling), you qualify for Track II. The requirements are:**

- A minimum of 1,000 documented hours of paid employment in an EAP setting of some type that were earned over a minimum of 1 year within 10 years of the date of EACC exam application;
- A minimum of 20 Professional Development Hours (PDHs) in specified domains: 10, 7, and 3 in Domains I, II, III, respectively (see handbook for explanation);
- A minimum of 12 hours advisement over a minimum 3-month period with a currently certified CEAP advisor; advisements must be acknowledged and approved in advance;
- Sit for and pass the CEAP exam.

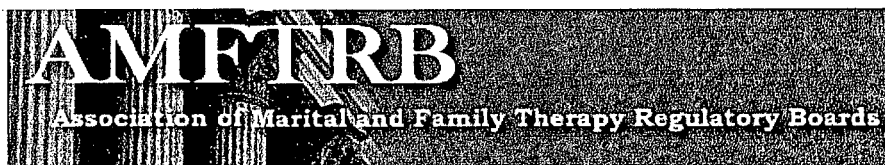
**If you DO NOT have a graduate degree in an area that is directly related to EAP work, you qualify for Track I. The requirements are:**

- A minimum of 1,000 documented hours of paid employment in an EAP setting of some type that were earned over a minimum of 1 year within 10 years of the date of EACC exam application;
- A minimum of 60 Professional Development Hours (PDHs) in specified domains: 10, 20, and 30 in Domains I, II, III, respectively (see handbook for explanation);
- A minimum of 12 hours advisement over a minimum 3-month period with a currently certified CEAP advisor; advisements must be acknowledged and approved in advance;
- Sit for and pass the CEAP exam.

Please Note: All new CEAP candidates applying for initial certification after July 1, 2010, must have completed at least two (2) hours of Domain I ethics training as part of their PDH eligibility requirement. This training must have been specifically approved by the EACC to meet this requirement. Click here for information on credentialing fees.

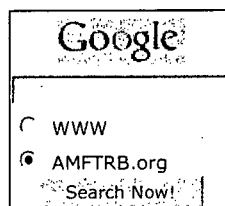
If you have any questions, contact Shirley Springfloat, Director, Credentialing  
703-387-1000 Ext. 311 [certdir@eapassn.org](mailto:certdir@eapassn.org).

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Wednesday, July 7, 2010

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Purpose | Security | Content & Administration | Construction | Validation  
 Domains | Task Statements | Knowledge Statements | Models | Score Verification  
 Interstate Reporting Service | More Information | Advisory Committee | Sample Questions  
 Testing Dates | Handbook (PDF, requires Acrobat Reader)

#### AMFTRB/PES Instruction Sheet For Completing Computerized Testing Application (PDF)

The application form to which these instructions refer is an application that is received from PES by candidates who have been approved by their state licensing board to sit for the examination. That is, only those licensing applicants who have been approved by their state licensing board to sit for the exam may submit the Computerized Testing Application.

## THE PURPOSE OF THE EXAMINATION

The Association of Marital and Family Therapy Regulatory Board's (AMFTRB) Examination in Marital and Family Therapy is provided to assist state boards of examiners in evaluating the knowledge of applicants for licensure or certification. There is a wide diversity of educational backgrounds among the applicants who seek licensure or certification in marital and family therapy. AMFTRB offers a standardized examination, for use by its member boards, in order to determine if these applicants have attained the knowledge considered essential for entry-level professional practice, and in order to provide a common element in the evaluation of candidates from one state to another.

The resources of individual marital and family therapists, the AMFTRB, and the Professional Examination Service (PES) are used in the development and continuing improvement of the examination. These combined resources are greater than those available to any individual state board.

The Examination in Marital and Family Therapy is only part of the overall evaluation used by the member boards. The AMFTRB expects that candidates will be allowed to sit for the examination only after their credentials have been examined and found to meet the education and experience requirements for licensure or certification in their respective states. Such candidates are expected to have attained a broad basic knowledge of marital and family therapy, regardless of their individual backgrounds. The examination is designed to assess this knowledge through questions focused on the tasks that an entry-level marital and family therapist should be able to perform, and the knowledge required to perform those tasks successfully.

Applicants who have completed the required academic and experiential preparation and who have developed the level of competence necessary for entry-level professional practice in marital and family therapy should be able to pass the test. Neither AMFTRB, PES, nor the member boards can send copies of past examinations to applicants, nor is there a list of recommended books or other materials for use in preparation for the examination. However, the practice domains, task statements, and knowledge statements upon which the examination is based have been included in this brochure and may be helpful to candidates preparing for the examination.

## SECURITY AGREEMENT

By taking this examination, I hereby acknowledge that I understand the following:

1. This examination and the items contained therein are the exclusive property of the Association of Marital and Family Therapy Regulatory Boards and constitute valuable trade secret information, the unauthorized disclosure of which will result in irreparable injury. Accordingly, I agree to hold in confidence and not to disclose to others, directly or indirectly, any information relating to the nature of the questions contained in the examination to be taken without the prior written approval of AMFTRB. I recognize that breach of this agreement may expose me to liability for damages caused to AMFTRB and to legal fees incurred by AMFTRB in preserving its rights.
2. The examination and the items contained therein are protected by copyright law. No part of this examination may be copied or reproduced in part or whole by any means whatsoever, including memorization, note-taking, or electronic transmission.
3. The theft or attempted theft of an examination is punishable as a felony.
4. I understand that reproducing, disseminating, or otherwise sharing questions or portions of questions from this examination, through any medium including verbal communications, is considered to be a violation of federal copyright law. Examples of sharing questions or portions of questions would be sharing feedback about areas covered in the examination at an

- examination preparation workshop.
5. My participation in any irregularity occurring during this examination, such as giving or obtaining unauthorized information or aid, as evidenced by observation or subsequent statistical analysis, may result in termination of my participation, invalidation of the results of my examination, or other appropriate action. Examples of irregularities are taking or use of notes, failure to comply with all Prometric Test Center security procedures, or attempting to communicate in any way with fellow test takers.

## TEST CONTENT AND ADMINISTRATION [top](#)

The examination consists of objective multiple-choice questions covering knowledge essential to the professional practice of marital and family therapy. Each form of the examination contains 200 items and is constructed according to the test specifications. All items are counted in computing the candidates score. Each item has four alternative answers, only one of which is correct. Candidates are allowed four hours to complete the examination.

The reported score equals the total number of correct responses: there is no additional penalty for incorrect answers. It is to the candidate's advantage to answer each item even when uncertain of the correct response. The candidate should choose the single best answer to each item. No credit is given for items in which more than one response is selected. Sample items similar to those found on the examination are included at the end of this brochure.

The examination is administered through Prometric Testing centers and scored by PES, which reports the scores and relevant normative data to the administering boards. Each board sets the standard for passing in its respective state and reports the results to the candidates. All procedures and decisions with regard to licensure are the responsibility of the individual boards. Any questions about these procedures should be directed to the appropriate state board.

The Marital and Family Therapy Examination is offered via computer to allow candidates to test during three windows of time each year. Candidates test at a number of Prometric Testing centers. All candidates taking the Marital and Family Therapy examination will receive instructions concerning fees, deadlines and applications from their participating state board.

## TEST CONSTRUCTION [top](#)

The Examination in Marital and Family Therapy is developed by the Examination Advisory Committee of AMFTRB and the Professional Examination Service. The development process is designed to maximize the content validity of the examination. A brief outline of the process follows:

1. Items are written at workshops, which are conducted periodically throughout the country. These workshops, attended by subject matter authorities, are led by experts in psychometrics who guide the development of new items. Additional items may be solicited individually from marital and family therapists who have expertise in a specific area.
2. All items are reviewed by three subject matter experts for accuracy and validity.
3. Items, which have been approved by these experts, are reviewed by the Examination Advisory Committee for accuracy, validity and overall quality, and revised as necessary.
4. If accepted by the Examination Advisory Committee, items are entered into the AMFTRB item bank.
5. Draft forms of the examination, constructed from the item bank on the basis of validated test specifications derived from a role delineation study, are reviewed and revised by the Examination Advisory Committee.
6. The draft forms of the examination are reviewed by psychometricians and editors on the PES staff.
7. The Examination Advisory Committee reviews and approves the final forms of the examination.
8. The approved examination is uploaded to Prometric for computer-based exam administration. Three examinations are created each year: one for each testing window: January-February, May-June, and September-October.
9. After the examination has been administered, the statistical performance of each item is reviewed by PES and the Examination Advisory Committee prior to the scoring of the examination.

## VALIDATION OF THE EXAMINATION [top](#)

Every effort has been made to ensure the validity of the AMFTRB Examination in Marital and Family Therapy. The meticulous test construction process constitutes one major facet of the validation effort devoted to the assurance of content validity.

Another major facet is the role delineation study, performed in 2004-2005 in order to develop practice-relevant test specifications for the examination. First, the Examination Advisory Committee convened to define the performance domains, tasks and knowledge required for entry-level practice in marital and family therapy. This role delineation then underwent a validation study by a representative sample of licensed marital and family therapists nationwide. Task statements were rated for frequency of performance and relation to clinical competence; knowledge statements were rated for contribution to

public protection and appropriateness for entry-level practice. The test specifications now in use are based on the findings of this role delineation study. The test specifications, as derived from this research, follow:

## TEST SPECIFICATIONS FOR THE EXAMINATION IN MARITAL AND FAMILY THERAPY

### PRACTICE DOMAINS [top](#)

#### Domain 01 The Practice of Marital and Family Therapy (22.5%)

This domain encompasses tasks related to incorporating systemic theory and perspectives into practice activities, and establishing and maintaining ongoing therapeutic relationships with the client<sup>1</sup> system.

#### Domain 02 Assessing, Hypothesizing, and Diagnosing (22.5%)

This domain encompasses tasks related to assessing the various dimensions of the client system, forming and reformulating hypotheses, and diagnosing the client system in order to guide therapeutic activities.

#### Domain 03 Designing and Conducting Treatment (32.5%)

This domain encompasses tasks related to developing and implementing interventions with the client system.

#### Domain 04 Evaluating Ongoing Process and Terminating Treatment (7.5%)

This domain encompasses tasks related to continuously evaluating the therapeutic process and incorporating feedback into the course of treatment, as well as planning for termination.

#### Domain 05 Maintaining Ethical, Legal, and Professional Standards (15%)

This domain encompasses tasks related to ongoing adherence to legal and ethical codes and treatment agreements, maintaining competency in the field, and professionalism.

<sup>1</sup>The term client refers to the individual, couple, family, group, and other collaborative systems that are a part of treatment.

### TASK STATEMENTS [top](#)

#### 01 The Practice of Marital and Family Therapy

- 01.01 Practice therapy in a manner consistent with the philosophical perspectives of the discipline.
- 01.02 Maintain consistency between systemic theory and clinical practice.
- 01.03 Integrate individual treatment approaches within systemic treatment approaches.
- 01.04 Demonstrate sensitivity to the client's context(s) (e.g., spirituality, gender, sexuality, culture, class, and socio-economic condition).
- 01.05 Establish an atmosphere of acceptance and safety by attending to the physical environment, language, and client's needs.
- 01.06 Establish therapeutic relationship(s) with the client system.
- 01.07 Attend to the interactional process between the therapist and client (e.g., therapeutic conversation, transference, and counter-transference) throughout the therapeutic process.

#### 02 Assessing, Hypothesizing, and Diagnosing

- 02.01 Assess client's verbal and non-verbal communication to develop hypotheses about relationship patterns.
- 02.02 Identify boundaries, roles, rules, alliances, coalitions, and hierarchies by observing interactional patterns within the system.
- 02.03 Assess system dynamics/processes.
- 02.04 Assess how individual members of the client system understand their relational issues.
- 02.05 Formulate and continually assess hypotheses regarding the client that reflect contextual understanding.
- 02.06 Review background, history, context, client beliefs, external influences, and current events surrounding the origins and maintenance of the presenting issue(s).
- 02.07 Identify client's attempts to resolve the presenting issue(s) and the individuals in the family, community, and professional systems involved in the problem resolution process.
- 02.08 Assess client's level of economic, social, emotional, and mental functioning.
- 02.09 Assess the family life cycle stage of the client.
- 02.10 Assess the relationship between the individual developmental stage and the family life cycle stage.
- 02.11 Assess developmental stage of members of the client system for impact on problem formation, maintenance, and resolution.
- 02.12 Assess strengths and resources available to client.
- 02.13 Assess level of mental or physical risk or danger to the client (e.g., suicide, domestic violence, elder abuse).
- 02.14 Administer and review data from standardized and/or non-standardized tests.
- 02.15 Assess and diagnose client in accordance with formal diagnostic criteria (e.g., DSM and ICD)

- while maintaining a systems perspective.
- 02.16 Integrate diagnostic impressions with system(s) perspective/assessment when formulating treatment hypotheses.
- 02.17 Assess influence of individual diagnosis on the client system.
- 02.18 Assess influence of biological factors and medical conditions on the client system.
- 02.19 Identify external factors (events, transitions, illness, trauma, etc.) affecting client functioning.
- 02.20 Determine need for evaluation by other professional systems.
- 02.21 Collaborate with client, professional, and community systems, as appropriate, in establishing treatment priorities.

### **03 Designing and Conducting Treatment**

- 03.01 Create therapeutic contracts.
- 03.02 Define short- and long-term goals by organizing and interpreting assessment information, in collaboration with client as appropriate.
- 03.03 Develop a treatment plan reflecting a contextual understanding of presenting issues.
- 03.04 Develop and monitor safety plan to address identified risk (domestic violence, suicide, elder abuse).
- 03.05 Develop consensus on the definition of presenting issues.
- 03.06 Choose interventions based on application of theory and research (individual, couple, group, and family).
- 03.07 Construct rationale for selecting a therapeutic intervention.
- 03.08 Determine sequence of treatment processes and identify which members of the client system will be involved in specific tasks and stages.
- 03.09 Choose therapeutic modalities and interventions while considering the uniqueness of each client.
- 03.10 Integrate multiple types and sources of information while conducting therapy.
- 03.11 Collaborate with collateral systems, as appropriate, throughout the treatment process.
- 03.12 Use genograms and/or family mapping as therapeutic interventions when appropriate.
- 03.13 Facilitate change through restructure and reorganization of the client system.
- 03.14 Identify and explore competing priorities for client issues to be addressed in treatment.
- 03.15 Assist client(s) in developing decision-making and problem-solving skills.
- 03.16 Assist client(s) in developing appropriate verbal and non-verbal emotional communication in their relational context(s).
- 03.17 Attend to the homeostatic process and its impact on the system's ability to reach therapeutic goals.
- 03.18 Assist client to change perspective of the presenting issues to facilitate appropriate solution(s).
- 03.19 Influence behavior and/or perceptions through use of techniques such as metaphor, re-framing, inventiveness, creativity, humor, and prescribing the symptom.
- 03.20 Enable client to attempt new/alternate ways of resolving problems.
- 03.21 During treatment planning, identify criteria upon which to terminate treatment.

### **04 Evaluating Ongoing Process and Terminating Treatment**

- 04.01 Use relevant theory and/or research data in the ongoing evaluation of process, outcomes, and termination.
- 04.02 Evaluate progress of therapy in collaboration with client and collateral systems as appropriate.
- 04.03 Modify treatment plan with client and collateral systems as appropriate.
- 04.04 Collaboratively plan for termination of treatment.
- 04.05 Terminate therapeutic relationship as appropriate.

### **05 Maintaining Ethical, Legal and Professional Standards**

- 05.01 Adhere to ethical codes of relevant professional organizations and associations.
- 05.02 Adhere to relevant statutes, case law, and regulations affecting professional practice.
- 05.03 Practice in accordance with one's own area of expertise (i.e., education, training, and experience).
- 05.04 Maintain awareness of the influence of the therapist's own issues (e.g., family-of-origin, gender, culture, personal prejudice, value system, life experience, supervisor, etc.).
- 05.05 Maintain continuing competencies essential to the field (e.g., continuing education, critical reading of professional literature, attendance at workshops and professional meetings, supervision, and consultation).
- 05.06 Demonstrate professional responsibility and competence in forensic and legal issues (e.g., court-ordered cases, testimony, expert witness, custody hearings, etc.).
- 05.07 Adhere to treatment agreements with clients.
- 05.08 Respect the rights and responsibilities of clients.
- 05.09 Assist clients in making informed decisions relevant to treatment (e.g., filing third-party insurance claims, collateral systems, alternative treatments, limits of confidentiality).
- 05.10 Consult with colleagues and other professionals as necessary regarding clinical, ethical, and legal issues and concerns.
- 05.11 Respect the roles and responsibilities of other professionals working with the client.
- 05.12 Maintain accurate, timely, and thorough record keeping.
- 05.13 Integrate technology (e.g., Internet, fax, telephone, email) into the treatment process, as appropriate.

### **KNOWLEDGE STATEMENTS top**

- 01 Foundations of marital therapy and family therapy (e.g., Sullivan, Jackson, Ackerman, Bowen,

- Bateson, Weakland, Haley, Satir)
- 02 History of the marital and family therapy field
- 03 Family studies and science (e.g., step families, remarriage, blended families)
- 04 Marital studies and science
- 05 General Systems Theory
- 06 Models of family therapy and their clinical application
- 07 Individually based theory and therapy models (e.g., person-centered, Gestalt, RET, behavioral)
- 08 Impact of couple dynamics on the system
- 09 Family belief systems and their impact on problem formation and treatment
- 10 Family homeostasis as it relates to problem formation and maintenance
- 11 Family life cycle stages and their impact on problem formation and treatment
- 12 Human development throughout the lifespan (e.g., physical, emotional, social, psychological, spiritual, cognitive)
- 13 Human sexual anatomy, physiology, and development
- 14 Sexually transmitted diseases
- 15 Theories of personality
- 16 Child, adolescent, and adult psychopathology
- 17 Impact of developmental disorders (e.g., child and adolescent, geriatrics) on system dynamics
- 18 Trauma (e.g., historical, current, and anticipatory trauma)
- 19 Risk factors for and patterns of abuse, (abandonment, physical, emotional, verbal, sexual)
- 20 Risk factors, stages, and patterns of grief response for loss (death, sudden unemployment, runaway children)
- 21 Risk factors and relational patterns of endangerment (rape, domestic violence, suicide, self-injurious behavior)
- 22 Behaviors, psychological features, or physical symptoms that indicate a need for medical, educational, psychiatric, or psychological evaluation
- 23 Diagnostic interviewing techniques
- 24 Diagnostic and Statistical Manual of Mental Disorders (DSM) and International Statistical Classification of Diseases & Related Health Problems (ICD)
- 25 Standardized psychological assessment tests (e.g., MMPI)
- 26 Non-standardized assessment tests (e.g., genograms, family maps, scaling questions)
- 27 Relational diagnostic tests (e.g., Dyadic Adjustment Scale, Marital Satisfaction Inventory, FACES, Prepare/Enrich, etc.)
- 28 Dynamics of and strategies for managing transference and counter-transference (use of self of therapist; handling/control of the process of therapy)
- 29 Reference materials regarding medication side effects and classification
- 30 Effects of non-prescription substances (e.g., over the counter medications, herbals) on the client system
- 31 Pre-marital education and treatment
- 32 Divorce
- 33 Child custody
- 34 Infertility
- 35 Adoption
- 36 Infidelity
- 37 Trauma intervention models
- 38 Crisis intervention models
- 39 Sex therapy
- 40 Sexual abuse treatment for victims, perpetrators, and their families
- 41 Sexual behaviors and disorders associated with Internet and other forms of technology (e.g., Internet and cybersex)
- 42 Effect of substance abuse & dependence on individual and family functioning
- 43 Effects of addictive behaviors (e.g., gambling, shopping, sexual) on individual and family system
- 44 Addiction treatment modalities (e.g., 12-step programs, individual, couple, marital and family therapy)
- 45 Spiritual and religious beliefs (e.g., eastern and western philosophies) and the impact on the system in treatment
- 46 Impact of loss and grief on the client (e.g., death, chronic illness, economic change, roles, and sexual potency)
- 47 Research literature and research methodology (including quantitative and qualitative methods) sufficient to critically evaluate assessment tools and therapy models
- 48 Methodologies for developing and evaluating programs (e.g., parenting, grief workshops)
- 49 Statutes, case law and regulations (e.g., clinical records, informed consent, confidentiality and privileged communication, privacy, fee disclosure, mandatory reporting, professional boundaries, mandated clients)
- 50 Codes of ethics
- 51 Business practices (e.g., storage and disposal of records, training of office staff, work setting policies, collections, referrals, advertising, and marketing, management of the process of therapy)
- 52 Use of technology (e.g., cell phones, fax machines, electronic filing of claims, Internet therapy)
- 53 Diversity studies (e.g., race, ethnicity, class, gender, gay & lesbian issues)
- 54 Neuropsychology
- 55 Community systems (schools, human service agencies)
- 56 Group mandated (e.g., anger management, domestic violence treatment, sexual offender programs) or voluntary (divorce recovery, parenting) treatment programs

## MODELS OF COUPLE AND FAMILY THERAPY [top](#)

Adlerian family therapy

Attachment theory  
 Bowen family systems theory  
 Cognitive behavioral therapy (e.g., Gottman, Ellis)  
 Collaborative language (e.g., Dan Wile)  
 Communication theory (e.g., Jackson, Watzlawick, Bateson)  
 Contextual therapy  
 Couple, marital, and family enrichment models  
 Emotionally focused therapy (e.g., Susan Johnson, Les Greenberg)  
 Ericksonian therapy  
 Experiential approaches (e.g., Satir, Whitaker)  
 Feminist family therapy  
 Medical family therapy  
 Milan systemic family therapy  
 MRI Brief therapy  
 Narrative therapy (e.g., White, Epston, Anderson)  
 Object relations therapy  
 Psychoanalytic family therapy (e.g., Ackerman)  
 Second order cybernetics  
 Solution focused therapy (e.g., DeShazer, O'Hanlon, Weiner-Davis)  
 Strategic therapy (e.g., Haley, Madanes)  
 Structural therapy (e.g., Minuchin)  
*\*Models of couple and family therapy include, but are not limited to, the listed models.*

## VERIFICATION OF SCORES [top](#)

Candidates who fail the examination may request a hand scoring of their data file. Hand scoring is a manual check of the data file by the testing service to determine if there have been any errors in scoring. Although the probability of such an error is extremely remote, this service is available for a fee of \$50.00. Requests for hand scoring must be submitted on the appropriate form, available from the candidate's state board office, and received by PES no later than 90 days after the date of the examination. Candidates who fail the examination will not be permitted to see the examination questions. For reasons of test security, no candidate is allowed to review the examination or any of its items directly.

## THE INTERSTATE REPORTING SERVICE [top](#)

The Interstate Reporting Service was established to facilitate the endorsement of certificates and licenses between respective states. The Service maintains a permanent record of candidate scores. All scores are automatically registered with the Service when they are reported to the state boards. At the candidate's request, the Service will report the score, accompanied by normative data that can be used to ensure appropriate comparison of scores over time and across test forms, to the board of another state in which the candidate seeks licensure or certification. The Interstate Reporting Service registers only scores on the Examination in Marital and Family Therapy. Other requirements for licensure are handled by individual boards.

To request the transfer of scores, candidates must complete an [Interstate Reporting Service form](#). To receive a copy of the form, candidates can write to the Interstate Reporting Service, Professional Examination Service, 475 Riverside Drive, New York, NY 10115. Candidates should make a special note of the identification number assigned to them for the Examination in Marital and Family Therapy as this information is necessary in requesting a transfer. Candidates may request transfer of their scores at the time of administration or at any time thereafter. The fee charged for each transfer is \$50.00.

## PRACTICE EXAM [top](#)

Two practice exams of retired test items are offered through [www.AMFTRB.org](http://www.AMFTRB.org). Visit the website to schedule the practice exam.

## FURTHER INFORMATION [top](#)

For further information about procedures and requirements for licensure and scheduling of examinations, candidates should call or write the marital and family therapy licensing or certification board in the state in which licensure or certification is being sought.

## EXAMINATION ADVISORY COMMITTEE 2005 [top](#)

The Examination Advisory Committee is appointed by the Board of Directors of AMFTRB. Its members are chosen for their outstanding reputations and achievements in their respective specialties. The current members of this committee are:

Additional information can be found at [www.AMFTRB.org](http://www.AMFTRB.org).

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**SAMPLE QUESTIONS top**

A. According to Minuchin, the therapist's methods for creating a therapeutic system with a family and of positioning himself/herself as its leader are known as:

1. introjection.
2. restructuring.
3. joining.
4. enacting.

B. QUESTIONS 1 AND 2 REFER TO THE FOLLOWING INFORMATION:

Mr. and Mrs. Walter have been married for 1.5 years and have a newborn baby. They seek therapy to deal with behavioral problems involving Mrs. Walter's three children from a previous marriage. Mr. Walter angrily says that the children, ages 9, 12 and 16, "mouth back" at him and do not respect their mother's authority. Mr. and Mrs. Walter have started having serious fights.

1. Which one of the following statements should the therapist make to help the family perceive their complaints from a systems perspective?
  - a. "The children are having difficulty adapting to the new baby."
  - b. "It is difficult to be a stepfather."
  - c. "The marital relationship is being affected by Mrs. Walter's children."
  - d. "You are experiencing a normal adjustment to becoming a stepfamily."
2. The family therapist decides to focus initially on the times when Mr. Walters has thought that the children were respecting their mother's authority. The purpose of this focus is to help the:
  1. mother perceive her part in the interaction.
  2. father accept his role as a stepparent.
  3. parents to feel hopeful about the situation and to mobilize their resources.
  4. parents unite the marital dyad.

C. A therapist working with a couple gives the following instructions:

Get ready for bed; then I want you [the wife] to lie on your belly; then you [the husband] caress her back as gently and sensitively as you can; move your hands very slowly; do no more. In the meantime, I want you [the wife] to be "selfish" and just concentrate.

The therapist is here using a technique developed by Masters and Johnson and known as:

1. guided fantasy.
2. inverse massage.
3. sexual paradox.
4. sensate focus.

D. A family is referred for therapy to a family therapist in private practice. The son, age 17, has recently been discharged from a psychiatric hospital but has remained in individual therapy with a psychiatrist. He has a history of alcoholism and since his discharge has two charges pending against him for driving



while intoxicated. The parents convey to the family therapist their concern that the psychiatrist is unaware of their son's recent alcohol abuse or of the pending charges. In this situation, the most appropriate initial approach for the family therapist would be to:

1. continue to work with the family and advise the parents to call the psychiatrist so that he/she can brief the parents on their son's therapy.
2. call the psychiatrist and inform him/her of the family's turmoil and the son's drinking episodes.
3. encourage the son to talk to his therapist and ask the family members to sign a release of information form to facilitate coordination of treatment.
4. refer the son to Alcoholics Anonymous meetings and work exclusively with the parents.

E. A correct statement regarding system maintenance is that it:

1. is a therapeutic intervention for joining the family.
2. is a therapeutic process supporting the relationship.
3. describes the therapist's non-directive effort to provide symmetrical balance.
4. may involve hidden payoffs for the resistant family.

F. In the use of videotape in working with families, the most essential condition is that:

1. the equipment remains inconspicuous.
2. all those to be taped agree to its use.
3. its use will be necessary to achieve a certain goal.
4. the worker will be personally comfortable with being taped.

ANSWERS: A. 3; B1. 4, B2. 3; C. 4; D. 3; E. 4; F. 2.

## EXAMINATION IN MARITAL AND FAMILY THERAPY TESTING DATES [top](#)

### Score reporting

An official score report will be mailed to state board offices four (4) weeks AFTER THE CLOSE of the testing window.

### Exam Dates

The National Marital and Family Therapy Examination is administered via computer. Candidates have the opportunity to take the Exam during a 28-day window of time at testing locations offered through Prometric-Thomson Learning Centers (Step 1. select Academic, Professional Licensure & Certification, Government, and Corporate Programs; Step 2. select Association of Marriage and Family Therapy Regulatory Boards; Step 3. select your location).

Candidates should contact their state boards concerning applications and eligibility requirements. After the state board has approved the applicant to sit for the Exam, the candidate should follow the payment instructions as defined by their state.

Candidates also will be asked to fill out an additional application for Professional Examination Service. Once the PES application is completed and the examination fee of two hundred and twenty dollars (\$220.00) has been received, candidates will receive an identification number and information concerning the testing centers. Candidates will be instructed to contact Prometric-Thomson Learning Centers directly to schedule their examination date and time. Please note that there is an additional seventy-five dollar (\$75.00) site fee.

Please contact your state board directly with any questions concerning application deadlines and additional fees for licensure and application. Your state may have additional requirements that may supersede the ones outlined above.

### Score reporting

An official score report will be mailed to state board offices four (4) weeks AFTER THE CLOSE of the testing window.

### Testing dates

| 2010 | 2011 |
|------|------|
|------|------|

|                |                |
|----------------|----------------|
| 01/11 to 02/06 | 01/10 to 02/05 |
| 05/17 to 06/12 | 05/16 to 06/11 |
| 09/13 to 10/9  | 09/12 to 10/8  |

475 Riverside Drive, New York, NY 10115.

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